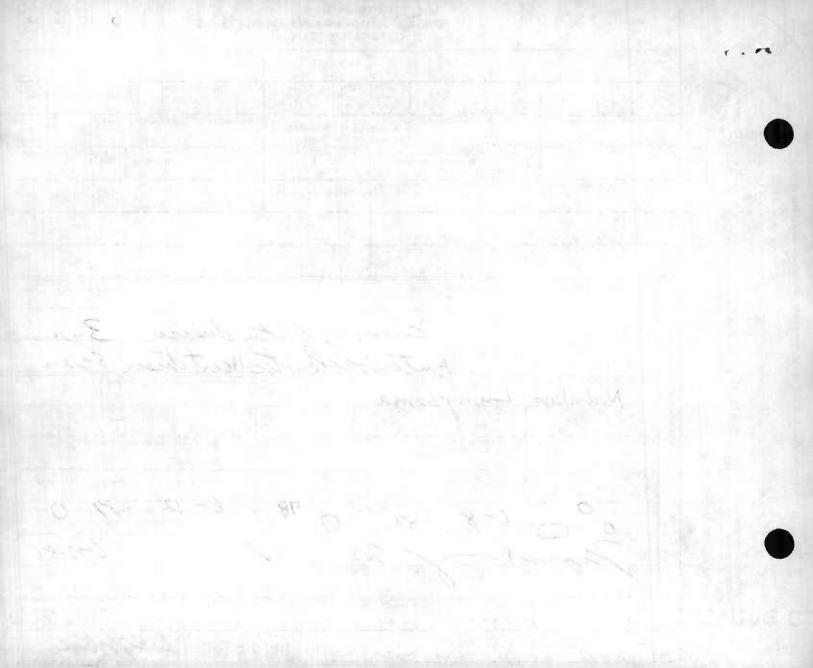
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		I. DEC	EASED NAME	FIRST		MIDDLE			LAST			2a DATE		MONTH	H DAY	YEAR	Zh HOUR
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536	图)	. SEX		4. RACE	5. DATE OF BIR		6. AGE (IN Y		DER 1 YR.			2c. DATE		MONTH	DAY	YEAR	28 HQUR
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AV IS FIED.	500	10. CIT	Y OR TOWN	OF DEATH	II. NAME OF I	HOSPITAL, NE		E, OR OTH	IER INSTITU	ITION		AOST OF WOR	PATION IT	YPE OF WORK	12b KII	ND OF BURNDUST	JSINESS RY
A CAR	200	S	ilver	Spring	80	000 Gle	nside	Drive)				in.	ss't	D	airy	
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. MD TH. 1, 2 1, 2 0 2	E CA	14. FA	HER'S NAME		MIDDLE		LAST		IS. MOTHE	ER'S MAID	DEN NAME	N	IDDLE	100		LAST	
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TT., BALTIMORE, MD. 21201 OURS AFTER DEATH. IF ANY DELAY IB, GIVE PAGES 1, 2, AND 3 TO TI WITH FORM, PM 3. RETAIN PA MIT. PAGES 1 AND 2 SHOULD BE	O I	YES	, NO, OR UNKNO	WN) IF YES, GIVE	WAR OR DATES)						TO 2 - 3-		HeHo				
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ON 17EA FER PER	GIEN		40	MMEDIA	TE CAUSE (o)	OR AS A CO			disea	se					-		
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EXAPERATE SI	OF HEALTH AND MENTAL HYGIENE, D IRIAL, CREMATION, OR REMOVAL.		lying cou	se last.	(c)												
SZEC SZEC BUR	AAM		PART 2 OTNER SIG	SHIFICANT CONDITIONS	CONTRIBUTING TO DE	ATH BUT NOT REL	ATEO TO THE TER	MINAL DISEAS	E OR CONOITIO	N GIVEN IN P	ART I (a)						
ECORDS BE EXECUTED IN THE PROPERTY OF THE PRO	NEV TH	NO			None												
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OF THE WE	S JAE		21a. EXTERNA JNDERLYING	L CAUSE WAS		OF INJURY A.M. MONTH	DAY YEA		OW INJURY	OCCURR	ED (ENTERN	ATURE OF IN	URY IN ITEM 1	8 PART 1 OR P	ART 2)		
NO 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등	ARTION	5	CONTRIBUTION	NG CAUSE OF		P.M.	19				None						
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ZATE SPORT	ES.		220. I certif	y that I taak charç	_	described ob	ove, held on	Autop	sy 🔲,	Inspecti	on X.	Inquiry		and in my o	pinion		
MANN FOR THE CO.	A, WITH THE S		death resulte	ed from: Natu	ral causes X,	Accident	, s	uicide	, Homic	cide .	Undete	ermined mo	onner 🔲	,			
SE S	¥¥.≪		ACTUAL C		01	1/1				SPECIFY)				DATE			
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CNE CIE	N N N	-	XAMINER'S	NAME T	alose C T		MD		ADDRESS_	1919	Semir	nary :	Road			8.3	
TO FUNERAL D	AFTE 3ALT			ION, REMOVAL	ohn S. F	-	M.D.					ring,	Mont	gomer	y, N	1d.	
Oct C	-	(SP	Burial		6/25/81		Cedar I				Sil	itlar	id Ma	ryla	nd	S	TATE
BP				TORJOSEPN	Gawler	s Sons					RIG DIS	FEGISTRA	736 REC	FIRAR'S	SIGNAT	URE	
DHMH- (VR A15 M	17 E (5))	513	O Wisc	onsin Av	e. NW Wa	ess Ashingt	on.D.	200		,	, 0 10	person			W		
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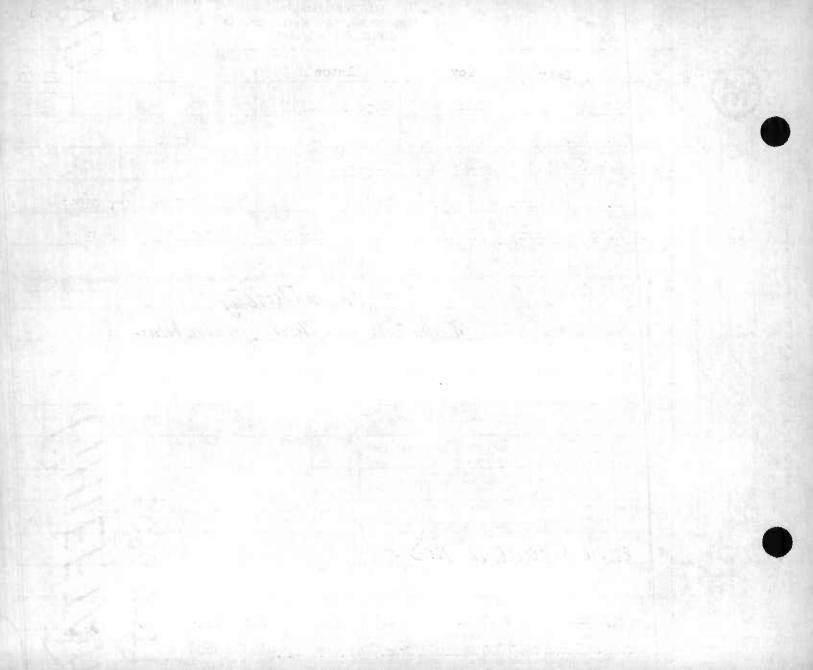
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PRESTON ST.

DIVISION OF VITAL RECORDS, 201

(VRA 15, 4)



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-	6 F		1.	FOR STATE REGISTRAR		DEPAR	TMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 REG. N	6	2 0 8
	oy be age 3 leoth		(TYPE	OR PRINT) MO.	RLIS	AVID AVID		ONSON		MONTH DAY	81 9.3A
	oge 4 m)	3. SE	Male RTHPLACE (STATE OR FORF		ITE	FEB.		6. AGE (IN YEARS LAST BIR	O YRS.	DAYS HOURS MIN
	deoth: P	47	U	ASHINGTON,	DC u.s	S.A.	MARRIE		11.0.1.	omthe	County
1201	n by the	<u> </u>	5	VERSPRIM	NOTAN	SUCH ACILITY, GIVE STRE	HOS	pital	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O SECURITY	F WORKING LIFE	RINDOF BPUBET IBRARIES
MARYLAND 2120	nn 24 ho ly filled i should be	35	N	TATE ARYLAND THER'S NAME	KINCE GEO	Il3r. CITY OR TO	WN	13d INSIDE CITY LIMITS? YES NO 1	13. STREET ADDRESS	RDS WAY #	[‡] 411
E, MARY	complete	100 C	F	HILIP	MIDDLE	ARONS		DORA	MIDDLE		MALLINOFF
BALTIMORE	be exected on ond or s. Poges	2 medico	100 0	(AS DECEASED EVER IN ES NO OR UNKNOWN)	U.S. ARMED FORCES IF YES GIVE WAS OR DATES		8-7334	SHIRLEY E	ARONSON,		APPROXIMATE INTERVAL
DRDS, 201 W. PRESTON ST	requires that the death certificate in signed by the attending physic Then please remove corbandape in to burial, cremotion, or removal.	injury, or other troumotic ev	NOI	Conditions, if ony, we gove rise to immed couse (o), storing underlying couse	thich (b) (b) the lost.	OR AS A CONSEQ	UENCE OF	ENGLARE (NO)		DITION GIVEN IN	PART 110
AL RECC	The low non. The low non. The low non.	nows on	CERTIFICATION	190 DATE OF OPERATIO	N . 196. COM	NDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?		E FINDINGS USED CAUSES OF DEATH?
DIVISION OF VITAL RECORDS	SICIA ng ph certifi certifi ientol-tr	rked or frem 18 s	MEDICAL CE	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	SE OF DEATH HOUR	E OF INJURY A.M. MONTH P.M. CE OF INJURY STREET FACTORY OFFICE	DAY YEAR 19 E FARM, ETC)	21c HOW INJURY OCCUP 21f LOCATION STREET	RRED (ENTER NATURE OF INJU		PART 2) DUNTY STATE
	to OR ATTENDING the hospital or DIRECTOR. Aftoched for use of toched for use of Dept. of Health	И Иет 21 is то		22a.1 certify that (1) (the saw the deceased obove, (1) (www) (did)	olive on TVN	the deceased from	87 , or	d that in (my) (cor) opinion DEGREE ATTENDING	MEDICAL STAI	F 22	rom the couses stoted
	TO HOSPITAL retoined by the TO FUNERAL should be det with the Stote	IMPORTANT	23n P	22d PHYSICIAN'S NAMI	A.BR	own M	D	PHYSICIAN 220. ADDRESS	BELLEUST TOVILLE, V	KD ND 5078	2
-Can	S BP			URIAL, CREMATION, REA	6/26	/1981 M	IOUNT L	EBANON CEMET		, PR. GEO	
10	OHMH - 16 50M 1/ (VRA 15, 4)	81	74 FU	DONALOCIME ST 232 CARROLL	TEIN HEBRE STREET, N	W MEMORIA	KL FUNE SHINGTO	RAL HOME 250. DA	N 2 9 1981	25H REGISTRAR'S	SIGNMARYLAND

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, W		STATE REGISTRAR			ME	DICALE	MAX	IER'S	ERTIFI	CATEC	F DEA	TH	REG. N	10.			
1		EASED NAME OR PRINT)	AE FIRST			WIDDLE			LAST				KNOWN	HTMOM	DAY Y	EAR 76.	HOUR
(State 48)	(110	OKPRINT	Haro	1 d		NMI		Ва	11ou			OF DE ATH	MATED \$	Dul	re: 28,00	8/ 3	à M
58483	3 SEX		4. RACE		OF BIRTH	1898	6. AGE (IN Y	ARS IF UN	DER 1 YR.	IF UNDER		2c. DATE		MONTH	DAY	YEAR 2d.	HOUR
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E E E	7a. BI	RTHPLACE (STATE OR	7b. CITIZ	ZEN OF WI	HAT COUN	TRY?	8. MARR	ED NE	EVER MARR	IED 🗆	9. BALTIM			TY OF DEAT		
			sland	Un i	ted	Stat	95		ED XX	DIVORC		Mont	gome	rv C	ounty		MD
N N		TY OR TOWN		11. NAA	AE OF HOS	PITAL, NUE	SING HOM	E, OR OTH	ER INSTITU	JTION	12a USU		PATION (TY		126. KIND C		SS
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	14. FA	THER'S NAM	NE 3	MIDDLE					15. MOTH	ER'S MAIDI	EN NAME		AIDDLE		LAST		
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1	16a. V	AS DECEASES, NO, OR UNKN	ED EVER IN U.S. AF	RMED FOR	CES?		IAL SECURI	Y NO.	17 INFOR	MANT	0110	(Sc	on DORES	S			
-	No		ilable	E WAR OR DA	163)	220-	40-7	493	242	West	16+	h St	New	Yor	k. Ne	w V	ork
-			OF DEATH (Enter a		use per line	far (a), (b),	and (c).)								APPROX	OMATE INTER	
		PARTID	EATH WAS CAUSE	D BY:	(a) C	050	nar	1-I	nsos	ffic	ren	04			BEIWEEN	ONSET AND	DEATH
HEALTH AND MENTAL HYGIENE, DI N., CREMATION, OR REMOVAL.		411	0		UE TO, OR		SEQUENCE	OF									
REW			ans, if any, which		(h)	C21	dia	. 1/	2500	lar	Di	50	350				
_1		cause (c	a) stating the under	<	UE TO, OR	AS A CON	SEOUENCE	OF									
		lying ca	iuse iast.	. ((c)	20.0										-8	
		PART 2 OTHER	SIGNIFICANT CONDITION	CONTRIBUTI	NG TO OFATH	BUT NOT RELAT	ED TO THE TER	AINAL DISEAS	OR CONDITIO	ON GIVEN IN PA	ART 1 (a).						
	CERTIFICATION																
2	CAT	19a. DATE O	FOPERATION	15	P CONDI	TION FOR V	VHICH OPE	RATION W	AS PERFOR	RMED?					20 AUTO	PSY?	
4	RTIF														YES		OXX
2		UNDERLYIN	G OR		Ib. TIME OF HOUR A.M	MONTH	DAY YEA	R 21c Ho	OW INJURY	Y OCCURRE	ED (ENTERN	IATURE OF IN	JURY IN ITEM I	9 PART 1 OR PA	ART 2)		
23	CA	CONTRIBUT	ING CAUSE OF		P.M		19										
3	MEDICAL	21d. INJURY WHILE	OCCURRED	_ 2		OF INJURY TORY, FARM, ET	(AT HOME,		CATION			CITY OR TO	NWN	CC	UNTY		STATE
		AT WORK	NOT WHILE [_										
		220 I cert	tify that I taak char	ge of the r	emains des	cribed aba	ve, held an	Autap	sy .	Inspectio	in 🔀 .	Inquiry	X	ind in my a	pinian		
		death resul	ted fram: Nati	ral causes	X	Accident		vicide 🗌	, Hami	icide .	Undete	ermined m	anner 🔲	,			
				0	6 -	2 4			IIILE (S	SPECIFY)							
4		ACTUAL SIGNATURE	-	ohn	3.	Joll		M	D. 1)21	Duty	MEDI	CALEXAN	MINER	DATE	EDJune		
2		EY AMINED'S	S NIAME -							/						198	
04		(TYPE OR PR	NAME John	G.	Ba11	M .							rget	own	Rd. E		
	23a. BI		ATION, REMOVAL	23b. DATE		23c. N	AME OF CE				23d. LO	CATION		COU	NTY	STATE	0.
		remat	ion	July	2,1	98 Me	trope	lita	n Cr	cem.			lria,		irgir		
	24 FI	INERAL DIRE					ey Fu			250. DATE			AR THE REC	SISTRAR'S	SIGNATURE		
	Но	mes,P	.A. Be	thes	da,	Mar	vland	208	14	JUL	9 1	981	a con	ya	Mary	Am	

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June 5, and	2 Librati		. Eall
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1999 - Same Marie 1.	17-18-71	27	
	2453 A		
		1.43-1	telms

Herndon, Virginia

24 FUNERAL DIRECTOR

Green Funeral Home

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND

DAY

1981

IF UNDER I YEAR

COUNTY

22c DATE SIGNED

VIRGIN PA

25a. DATE REC'D. BY REGISTRAR 25b. RECAR

1981

"JUN 9

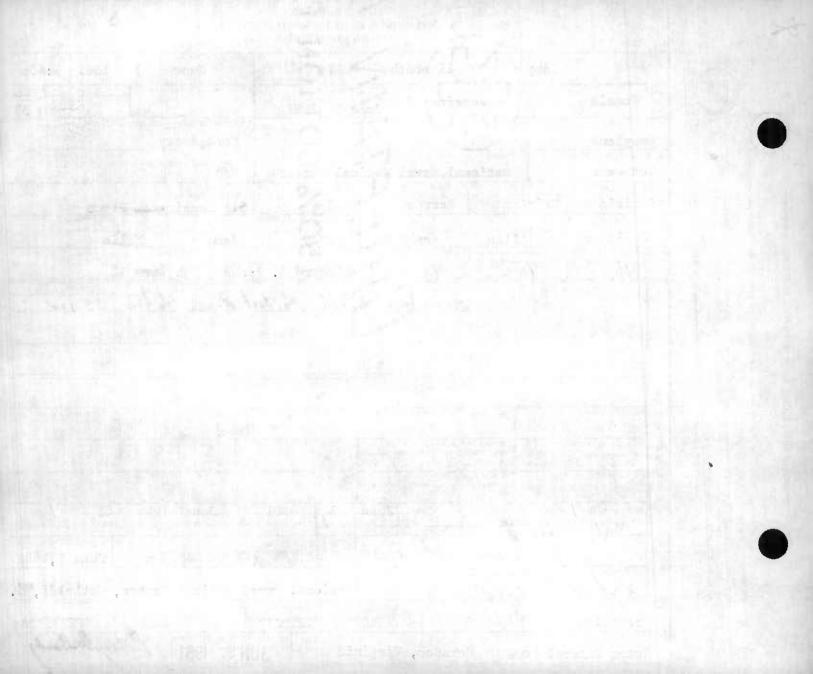
June 3,1981

26 HOUR

12h KIND OF BUSINESS OR

9:45p

33



	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	, DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH DAY	YEAR 2
A I	(TYPE OR PRINT) Lind	a Mae	BARKER	June 22 1	981
3	. SEX	4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNE	ER I YEAR I
	Female	Caucasian	Dec. 22 1952	28 YRS. MONTH	DAYS
400	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF D	EATH
1/2	Ohio	USA	WIDOWED DIVORCED	Montgomery	
Be	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING DENOTANSUCH FACILITY GIVE STREET AL NATIONAL NAVAL	Medical Center	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) IN Housewife	KIND OF E
75	ennsylvania Ph	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE A DUNTY 13c. CITY OR TOWN I lade 1 phi lade	1phia YESXX NO [3527 Aylwyn Drive	
) 1 2 min	4 FATHER'S NAME	MIDDJE LAST	15 MOTHER'S MAIDEN NA	ME	LAST
		estley Wickham	Ethel	Kirk	bride
7 16	60 WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES) 166 SOCIAL SECUR		ADDRESS	
3	No	None Unk	Lewis E. Bar	ker, Jr. See item 1:	3
or ather froum	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last	(b) DUE TO, OR AS A CONSEQUEN (c)			
to bu		IL CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIVEN IN	PART 110
ony	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH C	PERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WER	
1	# E			YES NO YES X	CAUSES OF
	218 ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM TB. PART I O	
1 1	00.000.000.000.00	DEATH	19		R PART 2)
rked or Item	OR CONTRIBUTING CAUSE OF	DEATH	19 211 LOCATION	CITY OR TOWN C	R PART 2)
of Health and Mental	OR CONTRIBUTION C CAUSE OF LIFE EITHER NOTIFY MEDICAL EXAM 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1/2 (this had	P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FAF	19 211 LOCATION STREET 21 21 21 21 21 21 21 2		OUNTY
Sept. of Health and Mento Hem 21 is marked ar Item	OR CONTRIBUTION C CAUSE OF LIFE EITHER NOTIFY MEDICAL EXAM 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1/2 (this had	P,M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FAF	19 211 LOCATION	to June 22 , 19 & death occurred on the date and hour and	OUNTY
ANT: If Item 21 is marked or Item	OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (V (this has sow the pleceased alive above, (In (we) (did.)) (did.)	P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FAF	211 LOCATION STREET June 14 19 81 June 14 (our) opinion DEGREE ATTENDING	, to June 22 , 19 8 death occurred on the date and hour and	OUNTY Trom the cou
	OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (V (this has sow the pleceased alive above, (In (we) (did.)) (did.)	P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FAF	211 LOCATION STREET June 14 19 81 June 14 19 81 DEGREE ATTENDING PHYSICIAN [27e ADDRESS	deoth occurred on the date and hour and	OUNTY 31, the from the course of the SK June 2

ION GIVEN IN PART 110 Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES X ITEM TB PART I OR PART 2) STATE 19.81 and hour and from the causes stated 22c. DATE SIGNED June 23 1981 J. E. Schwartz, M.D. National Naval Medical Center, Bethesda, Md. 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPEC Burial Somerset, Perly, Ohio June 25,1981 Somerset Cemetery 24 FUNERAL DIRECTOR REGISTRAR 25% REGISTRAR'S SIGNATURE Silver Spring, Md. W. W. Chambers Co

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE O

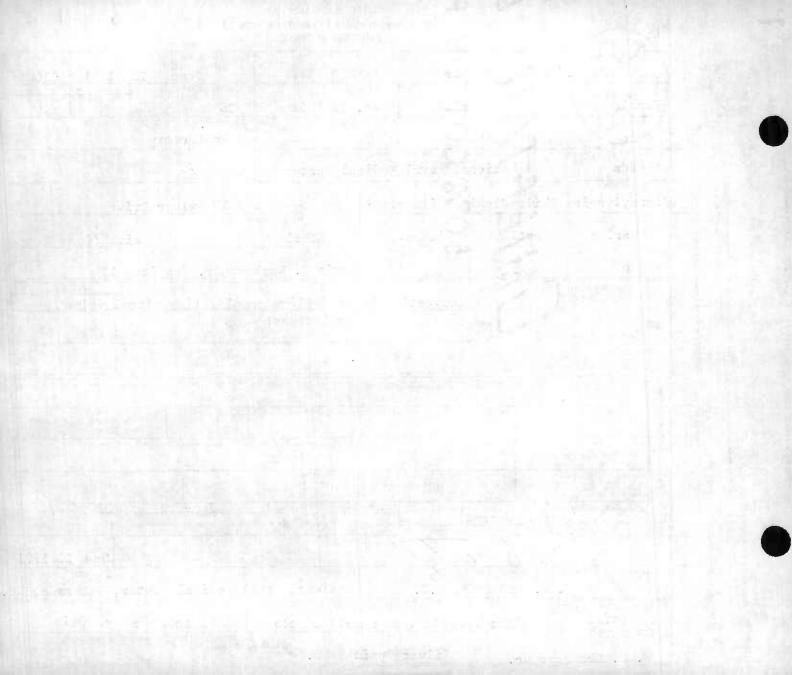
26 HOUR

12h KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

0300Am

DHMH - 16 50M 1/81 (VRA 15, 4)



FOR 1 - STAYE REGISTRAR		STATE OF M DEPARTMENT OF HEALTH DICAL EXAMINER'S C	AND MENTAL HYGIE	0 1	6213	3
T. DECEASED NA/ (TYPE OR PRINT)	BRENDA	BARI		20. DATE KNOWN ESTI- DEATH MATED	6 7 19 81	HOUR
S DEATH. IF ANY DELAY IS NECESSARY, PLASE AGES 1, 2 AND 31 OTHE FUNERAL DIRECTOR. TAM PM 3. RETAIN PAGE 5 FOR YOUNG BE FILED. TAM PM 3. RETAIN PAGE 5 FOR YOUNG BE FILED. TAM PM 3. RETAIN PAGE 5 FOR YOUNG BE FILED. TAM PM 3. RETAIN PAGE 5 FOR YOUNG BE FILED. TO CALLIAN PAGE 5 FOR YOUNG	ISTATE OR 76. CITIZEN OF WH	, 1961 19 YRS. MONTH		PRONOUNCED DEAD	6 11 19 81 2	:25F
New of the	rsey U.S.A	• WIDOW		Montgome	ery County	MD.
Potoma	.C Rotomac	PITAL, NURSING HOME, OR OTH CILITY GIVE STREET ADDRESS) RiverNear Anglo	er's Inn	SUAL OCCUPATION (TYPE OR MINO NEW CHEE)	None TRY	1522
USUAL RESIDENCE 130. STATE	E (IF IN NUMBER INSTITUTION, GIVE TO THE TOTAL TO THE PROPERTY OF THE PROPERTY	A GITY PRIOWN	13d INCHE CITY LIMITS? 13a S	320 19th Av	ve. Apt. 201	
14. FATHER'S NAME OF THE STREET OF THE STREE	AE MIDDLE	Barley	15. MOTHER'S MAIDEN NAM Phyllis	WE WIDDLE	Jones	
166. WAS DECEAS (YES, NO, OR UNKN NO	ED EVER IN U.S. ARMED FORCES? NOME (IF YES, GIVE WAR OR DATES)	166. SOCIAL SECURITY NO. N/A	James Barle	y(Father)	Brick Twsp.	
CXCCUTED WITH SECULATION OF BUILD STAND SECULATION OF BUILD STAND MENTAL - TRAIN Secons (Principle) Secons (ons, if any, which rise to immediate (b)	AS A CONSEQUENCE OF AS A CONSEQUENCE OF BUT NOT RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1 (a).			
CHIEF MEAN ORD THE CATE OF THE	F OPERATION 196. CONDIT	ION FOR WHICH OPERATION W	AS PERFORMED?		20 AUTOPSY?	vo 🗆
AMEDICAL CERTIFICATION MEDICAL CERTIFICATION	TING CAUSE OF DEATH 5:00 P	M 6/7 1981 dre	ow INJURY OCCURRED LENTI			
WHILE AT WORK		ORY FARM FICE	CATION TREET FishHole,Poton	macRiver, Mon	ntgomery Co, M	STATE 1
AFTER DEATH WITH THE STATE DIE COR. PAGE 3.5 AFTER DEATH WITH THE STATE DEF ATTENDED TO STATE DEFAULT OF STA	Herrai	Accident X Suicide		determined manner	DATE SIGNED 6/12	2/81
ATTROUBLE SALVANIA SA		R. Guard, M.D.			timore,MD 2120	1_
230 BURIAL CREM	ATION, REMOVAL 23b. DATE	23c. NAME OF CEMETERY OF	O COPALATORY 1254	LOCATION		
(SPECEV) Buria 24 FUNERAL DIRI ME(5)) Fleming	al 6/16/81		s Cemetery 1	Lakewood	Ocean N.c.	J.

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JUN 1 : 1387 propriess . . .

Brokers 301 WESTSIDE DRIVE 19108 Reman Way. Gaithersburg, Md. 20760 APPROXIMATE INTERVAL Ima RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN PHYSICIAN Silver Spring Mentg. Md. Burial Gate of Heaven To particle Sandrion 250 DATE REC'D. BY REGISTRAR 154 REGISTRAR'S SIGNATURE 316 E. Diamond Ave., DHMH - 16 50M 1/B1 (VRA 15. 4) Gartner Sandison F. H. Gaithersburg. Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26 HOUR

12b. KIND OF BUSINESS OR

IF UNDER 24 HRS

IF UNDER I YEAR

FOR - STATE

REGISTRAR

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DE

ATH	REG. NO		
	June 28, 1981	Y YEAR	26 HOUR 7:08p
) SEAR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
RRIED K	Montgomery Cou		MI
oital	120. USUAL OCCUPATION (TYPEOF WORK FOR MOST OF WORKING LIFE)	12b. KIND O INDUSTRY NOUSE	F BUSINESS OF
LIMITS?	14408 Old Columb	ia Pik	е
AAIDEN NAA	Dora Dieker	LAS	T
files	same as above		
SW	la	PPROXI VEEN C	MATE INTERVAL ONSET AND DEATH
1 Mar	15 costumen	89	any
V Du	Slar	N/A	1

		BERTI	LA	BASS	LER	June 28, 19		7:08p
N)	SE	F	White		OF BIRTH . 6, DAY 1905 EAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
3	Ar BI	RTHPLACE STATE OR FOREIGN Maryland	76 CITIZEN OF WHAT	COUNTRY? 8 MARRIE WIDOW	ED NEVER MARRIED K	Montgomery		MI
9	(or town of death Olney	Montgom	ery Gener	or other institution al Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK!) COMESTIC	NG LIFE) 12b. KIND C INDUSTRY NOUS	of Business of ework
5	13a S			esidence before admission DITY OR TOWN Burtonsvil	13d INSIDE CITY LIMITS?	14408 Old Col	umbia Pik	re
3	I4 FA	THER'S NAME FIRST John G. I	assler	LAST	15 MOTHER'S MAIDEN NA	Dora Dieker	LA	ST
		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GIV	E WAP OP DATES	14 42 2843	Ethel Miles	same as above		
2	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost PART 2 OTHER SIGNIFICANT	conditions <u>contri</u>	BUTING TO BLATH BU	KVD for		GIVEN IN PAIN FYES, WERE FAIL RTIFYING CALSE YES YES	NGS USED
4	MEDICAL CER	210 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (1) (this hosp sow the deceased alive or above, (1) (did) (and 22b. SIGNATURE	ATH HOUR A.M. P.M. 21e PLACE OF IN (AT HOME, STREET, FA	MONTH DAY YEAR JURY CTORY, OFFICE, FARM, ETC.)	and that in (my) (our) opinion DEGREE	deoth occurred on the dote ond	hour and from the	STATE that (1) (ma) lo
	23a B	221 Physician's Name (Type of Street Physician Cremation, Removal	des hi	123¢ NAME OF	220 ADDRESS P	Philip DX, (My July 1	ने होड़

14 FUNERAL DIRECTOR DONALD SON FUNERAL HOME, Laurel, MAry Lend De REGISTRATUS REGISTRATUS

DHMH - 16 60M 1/75 (VR A 15 (4))

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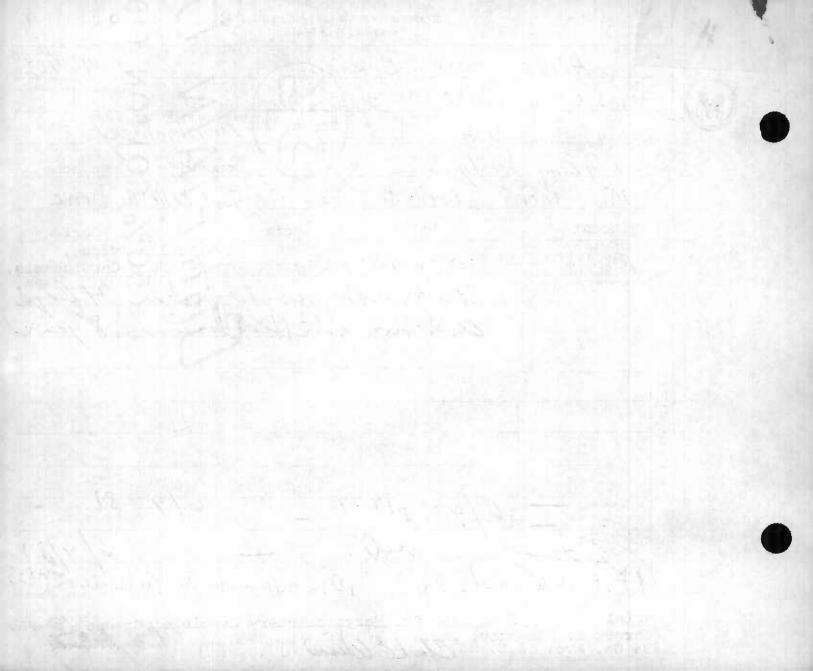
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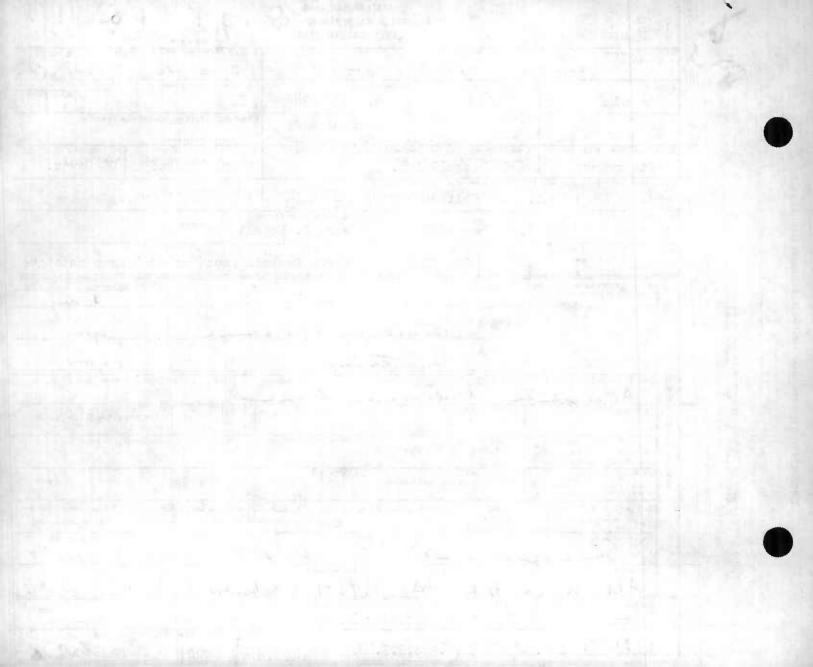
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Silver Spring Carriage Hill Mursing Conter _ = 0 =





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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO FIRS Hildegard OLE DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR TYPE OR PRINT 20 1 SEX AGE (IN YEARS LAST BIRTHDAY) 15, 1919 Female white Apr. 62 To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Montgomery USA Germany WIDOWED DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)

Housewife Takoma Park Washington Adventist Hosp. own home DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Sil. Spring yes & 13d. INSIDE CITY LIMITS? 2102 Dexter Avenue, Maryland Montgomery 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Palstring Frank Vassaolz Wilhelmina 17 INFORMANT (husband) ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16b SOCIAL SECURITY NO (YES NO OR UNKNOWN) 143-26-7257 Paul Bildin-(same as 13e) no 18 CAUSE OF DEATH (Enter only one couse per ly for to , (b), and ic PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PAR CERTIFICATION 200 AUJOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [210. ACCIDENT WAS UNDERLYING 21h TIME OF INTURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR COMPRIBUTING | CAUSE OF DEATH MEDICAL (IEEHHIER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY OFFICE FARM ETC) WHILE NOT WHILE 220.1 certify that ((1) (this hospital) attended the deceased from sow the deceased of the one obove, (May all of did not view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURES 22c DATE SIGNED ATTENDING MEDICAL 6-20-1981 PHYSICIAN DIRECTOR PHYSICIANE MPORTANT FUNERA old be d 22d PHYSICIAN'S NAME 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 6-23-1981 St. Fladaimir Cemetery Jackson Burial 24 FWannenot. Pumpnrey, DHMH - 16 50M 1/81 (VRA 15, 4) 8434 Ga. Ave., S.S. Md Lous

And the state of t

Hines/Rinaldi F.H.11800 N.H.Ave.S.S.Md.

FOR

- STATE

DHMH-16 25M

(VRA 15, 4) 1/79

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

26 HOUR A

8:25

UNDER 74 HRS

HOURS

126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO I

STATE

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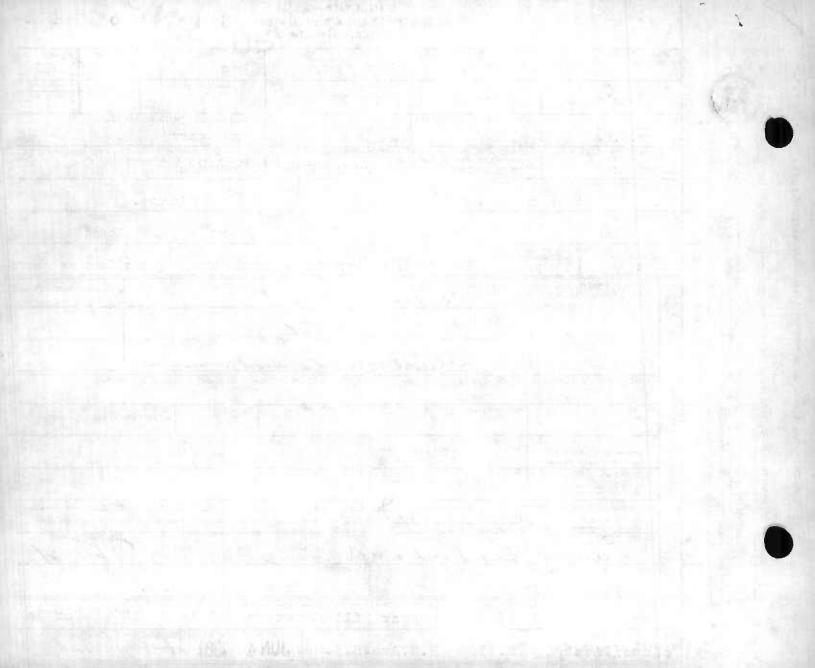
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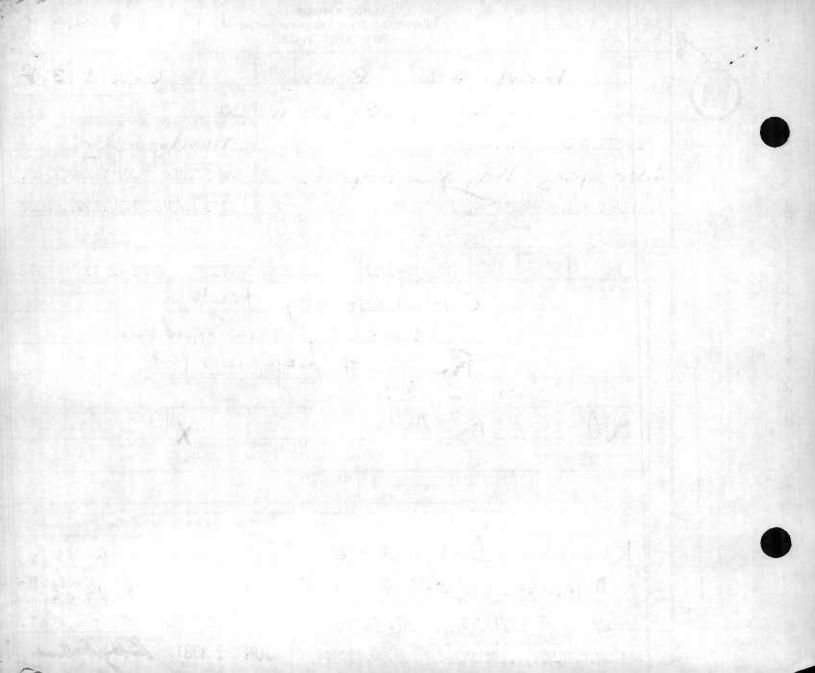
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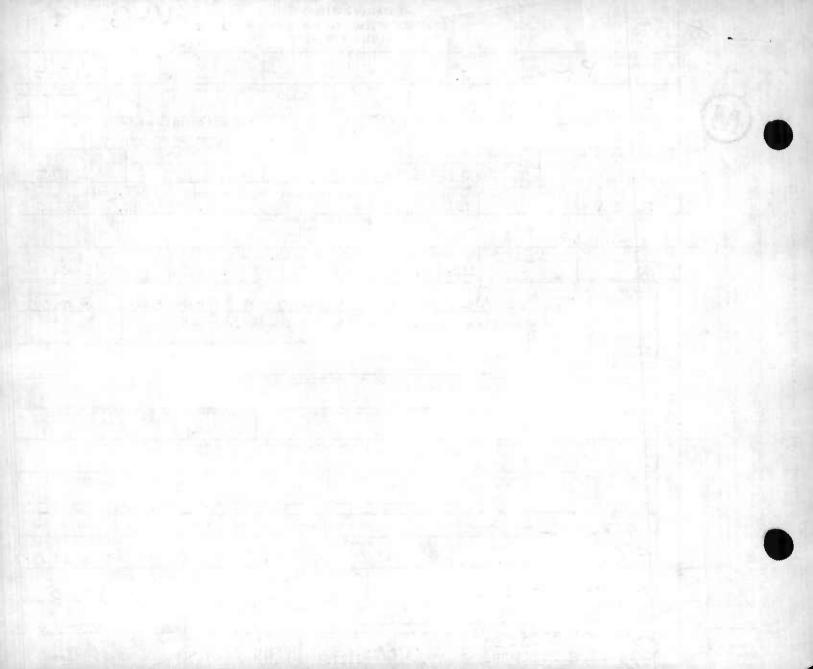
STATE OF MARYLAND

1	FOR STATE REGISTRAR			DEPART	_	EALTH AND MENTAL HY			O dia	C. W
1 DF	CEASED NAME	FIRST		WIDDLE	1	AST.	REG 2e. DATE OF DEAT!	, NO.	DAY YEAR	01.440110
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1, SE	*	700.00	4. RACE		5 DATE C		6. AGE (IN YEARS LAS	T BIRTHDAY)		HOURS MIN.
	MALE		CAUCA	SIAN	3	- 10- 11	70	YRS		MIN.
	IRTHPLACE (STATE)	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8 MARRIE	DXX NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNT	Y OF DEATH	
	PENNSYLVA	NTA	U.S.A.		WIDOWE	DIVORCED	mom	Lank	2011	M
	ITY OR TOWN OF D					OR OTHER INSTITUTION	120 USUAL OCCUP			BUSINESS OR
3	War Su	مدنعا	14 OLINS	ICH FACILITY, GIVE STREE	T ADDRESS)	0.1.0	BUS DRIV			SIT CO.
	AL RESIDENCE (# N	URSING HOMEOR	OTHER INSTITUTION	OIVE RESIDENCE BEFOR		AL LON			CI TIONS	11 00.
M	ARYLAND	MONTGO		KENSINGTO		136 INSIDE CITY LIMITS?	13e. STREET ADDRE	ss VIVERSI	TY BLVD.	, WEST
14. FA	ATHER'S NAME		AIDDLE	LAST		15 MOTHER'S MAIDEN NA	AME			
	GEORGE			BITTING		KATHRYN	Middle		CREGLOW	
	WAS DECEASED EV		AED FORCES?		URITY NO.	17 INFORMANT	AD	DRESS		
	YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	178-05	5-0961	BERNICE M.	BITTING	SAME	AS 13	WIFE
	18 CAUSE OF DE	ATH (Enter onl	y one cause pe	r line for 101, (b), a	nd (c)	. /			APPROXIM BETWEEN OF	NATE INTERVAL
	PART I. DEATH		E CAUSE (a)	ardio	100	12 8 2 ch	Jerin	VV		TENT
	4916		DUE TO C	OR AS A CONSEQU	ENCE OF	d	. (f.		
1	Canditions, if a	ny, which	((b)		Yhla	: C 1882	in DYL	rd v	U	
	gove rise to i	mmediote	}	The course			11.	- 4		
	underlying cou		DUE TO, C	PAYA CONSEQU	DIVIA	to tak	and my	ut.		
	PART 2 OTHER SI	GNIFICANT C	ONDITIONS C	ONIRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR	ONDITION GI	VEN IN PART LOS	
CERTIFICATION			Mr	my	re	chen				
CA	190 DATE OF OPER	RATION	19b. CONE	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YE	S, WERE FINDING	GS USED
TE	NI				· ·		YES NO		ES	NO [
Ü	210. ACCIDENT WAS L		21b. TIME	OF INJURY M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF	NJURY IN ITEM 18	PART I OR PART 2]	
14	OR CONTRIBUTING	-	**	.M.	19					
MEDICAL	214 INJURY OCCL		21e. PLACE	OF INJURY		211 LOCATION				
Z	WHILE NOT	VORK	(AT HOME, ST	REET, FACTORY, OFFICE,	FARM ETC)	STREET	CITY O	RIOWN	COUNTY	STATE
			al) attended t	he deceased from			to		10 4	hat (I) (we) last
	sow the dece	ased alive an		. 19		nd that in (my) (our) opinion		e date and ho		
	above, (I) (we 22b. SIGNATURE	(did) (did nat	view the body	v after death		DEGREE 6			22c. DATE S	
	Can	ratin	~ V	les hyo	indi	ATTENDING PHYSICIAN [MEDICAL S DIRECTOR PHY	TAFF SICIAN	6	1687
	THE PHYSICIAN'S	NAME (TYPE OR	PRINT)	10		22e ADDRESS	11.1.7/	740	A 2	1.31
	MAT	IALIN	F.T. V.	1/4/1	MI	2000 8	51)71618	100A	HY JEOG	ucollo
230 B	BURIAL, CREMATION	N, REMOVAL	23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		16	250
	BURIAL		6/19/	81 1	FT. LI	NCOLN	BRENTWO	000	PRT GEO	Mb.
24 FL	UNERAL DIRECTOR	FRANC	IS J. C			25a. DA			RAR'S, SIGNATU	RE
	500 LINITU			VER SPRIN	VG MD	20901	UN 2 2 198	tu	Hay Me	Gready
	200 MAIA	· DLVV .	Therew	AFK SLIKE	יטויו, טיי	20701	0.1 7 N .00		-	

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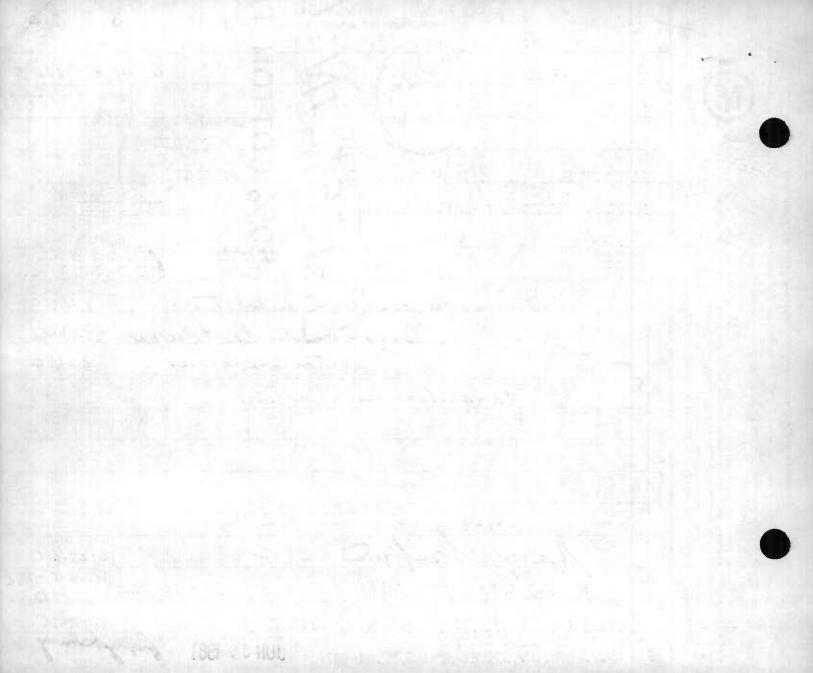
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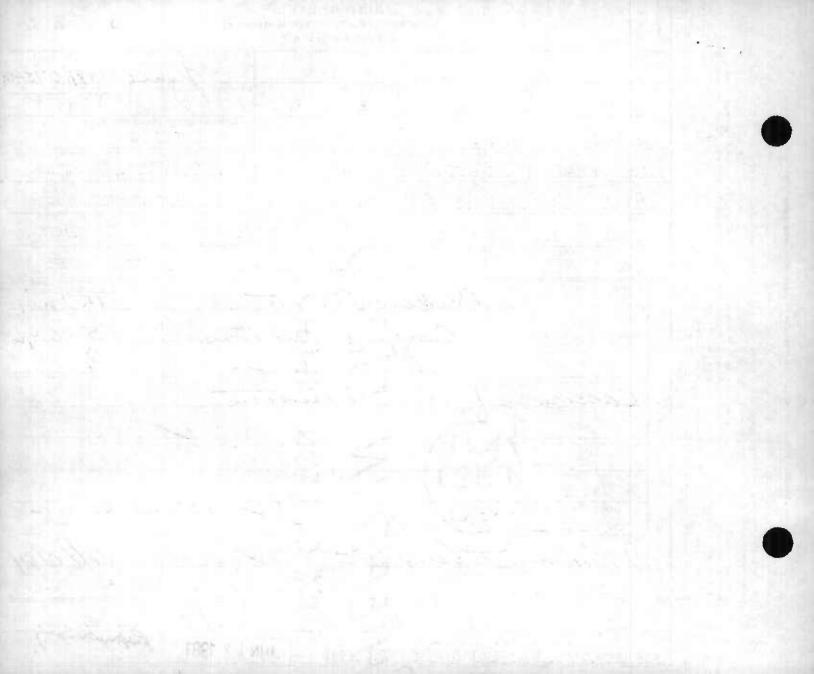
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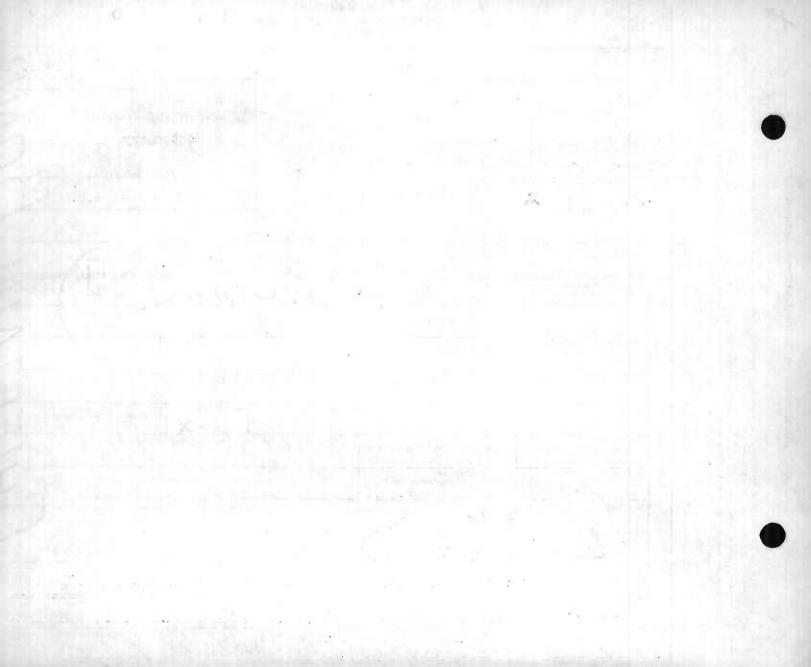
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(VRA 15, 4)



3	1-	FOR STATE REGISTRAR			DEP	ARTMENT OF H	OF MARYL EALTH AND ICATE OF	MENTAL HYG	IENE 8	REG. NO.	1 6	2	2 7
	I. DE	CEASED NAME F	IRST		WIODLE	Ł	AST		20 DATE OF	DEATH MON	VIH DAY	YEAR	b HOUR
noy be poge 3 rr death	,,,,,,	ON TRIVITY	LE0		w.		BOYE	R		Tun	10.	198N	0:15A1
4 mo	3 SE			RACE	T 1 1 1	5. DATE C	CH 23	1 90°3	6 AGE (IN YEA	/	Y) IF UN		IF UNDER 24 HRS HOURS MIN.
or o	2 0	MALE		AUCAS:			CH 23	1903		78	YRS.		
leoth. P	C	RTHPLACE (STATE OR FORE) DUNTRY) ARYLAND	GN 7b	U.S.A.	WHAT COUN	MARRIE WIDOWE		MARRIED		ECITY <u>OR</u> C NONTGOI	OUNTY OF	DEATH	MD.
rs ofter deo	SI	TY OR TOWN OF DEATH	11	509 T	EAST SCI	PRING HOME C STREET ADORESS) HUYLER R	ROTHER INS	NOITUTIT	120 USUAL O		NAT L.	26. KIND OF EDUCAT	BUSINESS OR
AND 212	130 S MA		ONTGO	MERY		SPRING	YES X	NO [13e. STREET A	BORESS			
completely I and 2 s		JOHN	L.	DOLE	BOYE		2 43	S MAIDEN NA/			М.	WEA	NER
be execut	16a V	VAS DECEASED EVER IN ES, NO OR UNKNOWN) (IF		ED FORCES? 'AR OR DATES)		0-8889	ESTHE	R C. BO	YER	SAME	AS13	w:	IFE
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours reflecteding physicion. When this certificate has been signed by the attending physicion and completely filled in by as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be file than and Mental Hygiene prior to buriol, cremation, or removal orked or them 18 shows ony injury, ar other traumatic event, the medical examine (mast be needed or them.)	CERTIFICATION	Conditions, if any, w gove rise to immed couse to, stating	CAUSED MEDIATE hich iote the lost. CANT CO	DUE TO, C DUE TO, C DUE TO, C DUE TO, C C DUE TO, C DUE TO, C DUE TO, C DUE TO, C DUE TO, C DUE TO, C DUE TO, C DUE TO, C DUE TO, C DUE TO, C DUE TO, C DUE TO, C DUE TO, C DUE TO, C DUE TO, C DUE TO, C	OR AS A CONSI	EQUENCE OF EQUENCE OF TO DEATH BUT	net N WAS PERFO	este	200 AUTOF	PSY? 20	Db. IF YES, WE CERTIFYING YES	PART 1(0)	SS USED OF DEATH?
OR ATTEND OR ADDITION OR ADDITION OR OF THE OR OF T	MEDICAL (OR CONTRIBUTING CAU: (IF EITHER, NOTIFY MEDICAL EI 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 220.1 certify that (1) (the sow the deceosed a above, (1) (we) (did)	is hospital	21e PLACE (AT HOME, S	P.M. OF INJURY TREET, FACTORY, OF	om	21f LOCATH STREET	ON 19 5 7 (Que) opinion of	deoth occurred	on the date.		OUNTY , th	OCHESTO TO THE OCHES
TO HOSPITAL letoined by th TO FUNERAL should be deter with the State	22- 0	22d PHYSICIAN'S NAME WILLIAM URIAL, CREMATION, RE/	D. 1	AUD	···	23c NAME OF C		COLESV		AD,SIL		RING,	MD.
7200 BP	(:	BURIAL		236. DATE 6/12	/81		INCOLN	CREMATORY	BRENT	TOWN	PRI	GEO ,	MD.
DHMH - 16 50M 1/76 (VR A 15 (4))		NERAL DIRECTOR FR	_		ADDRES	s IG, MD.	20901	25a. DATI	N 1 2 19	GISTRAR 256.	graph .	- FUH	and a





18			FOR •		200		E OF MARYLAND EALTH AND MENTAL HY	- B 1	162	29
100		1.	STATE REGISTRAR	100	DET.		ICATE OF DEATH	REG. N	0	
	a Control		CEASED NAME	Berth	a Mone Wil	som R	BRUMBAUGH	TO DATE OF DEATH	MONTH DAY YAR	26 HOUR M
		1	emake	CAL	1/Asix	5. DATE O	ary 10, 1896	A AGE IIII VANISLASI BIR	YRS.	
	1 3 S	BOW	Maryland	II GN /TE CITIZEN	USA	MARRIE	D NEVER MARRIED		OR COUNTY OF DEATH	MD.
201	The state of the s	F	TY OR TOWN OF DEATH	Roc	kville Nu	JRSING HOME O STREET ADDRESS) LISTING H	OR OTHER INSTITUTION	120. USUAL OCCUPATI (TYPE OF WORK FOR MOST O	ION 12b. KIND INDUSTR	OF BUSINESS OR
MARYLAND 2120	in 24 hou y filled in hould be	Ma	AL RESIDENCE (IF NURSING STATE Aryland	G HOME OR OTHER INSTITU	ution, give residence 13a. CITY OR Balti		13d INSIDE CITY LIMITS? YES 🗽 NO 🗌	13e. STREET ADDRESS Avondale	Road	
MARYI	ompletely and 2 sh	14. FZ	Harry	Norman	Wil	son	15. MOTHER'S MAIDEN N Mattie	Thoma	s Mer	rick
BALTIMORE,	n and comp		VAS DECEASED EVER IN YES, NO OR UNKNOWN) NO	U.S. ARMED FORC (IF YES, GIVE WAR OR DAT	133	SECURITY NO. 8-0775	Vernon W. B	ADPU rumbaugh, Si	1s Croydon Clver Spring	
PRESTON ST., 8ALI	the death certificate is the attending physicia remove carbon papers emotion, ar removal. er traumatic event, the		18 CAUSE OF DEATH PART I. DEATH WA Conditions, if ony, or gove rise to imme couse (o), stofting	S CAUSED BY: MMEDIATE CAUSE (DUE T which digte	O, OR AS A COME	OVA POURTEOF	emla l	esilas Jekosi	A STATE OF S	OXIMATE INTERVALIA IN ONSET AND PATH IN OXIMATE INTERVALIA IN OX
RECORDS, 201 W.	requires that ten signed by the Then please root to burial, are finjury, an ather	TION	underlying couse PART 2 OTHER SIGNII	FICANT CONDITION	2	O DEATH BUT	uy	MINAL DISEASE OR CON		
AL REC	The low ion.	CERTIFICATION	19a. DATE OF OPERATION		1931. 15	HICH OPERATIO	N WAS PERFORMED	YES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	DINGS USED ES OF DEATH? NO
J OF VII	SICIAN: The physicic certificate certificate and Hygici frem 18 sho		710. ACCIDENT WAS UNDER OR CONTRIBUTING CAI (IF EITHER NOTIFY MEDICA	USE OF DEATH HOU	ME OF INJURY R.A.M. MONTH P.M.	DAY YEAR	21t. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART 2)	
DIVISION OF VITAL	offending street this street or riked or	MEDICAL	216 INJURY OCCURRE	LAT HO!	ACE OF INJURY ME STREET, FACTORY OF	FICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	COUNTY	STATE
	TTEN ortal for us of He 21 is		22s.1 certify that (I) (I saw the deceases above (I) (well-side	Slive on HE HE		#11 ··	ed that in my jour opiny	death occurred on the de		
	by the has by the has by the has be detached State Dept.		278 PHYSICIAN S NAM	AE (TYPE OF I WIT	les	1	ATTENDING PHYSICIAN	MEDICAL STAF	FF (/	SIGNED A
	TO HOSPITAL of the retained by the TO FUNERAL should be detained with the State [IMPORTANT: H	220 5	SURIAL, CREMATION, RE	EMOVAL 13b. DAT	ARD	0/16	MOUNT EMETERY OR CREMATORY	123d. LOCATION	Mitsh	5 frit
771	7BP	230 6	Burial				villeCemeter;	CITY OF TOWAL	lle, Q.A.Co	Md.
711	DHMH-16 30M 2/80 (VRA 15, 4)		INERAL DIRECTOR B			lle, Md		UN 2 6 1981		

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70	1	FOR STATE		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HY	GIENE 8	6230
3 P. 4	I DI	REGISTRAR CEASED NAME	FIRST PARY	The Ima	·	CATE OF DEATH	REG. NO. 20. DATE OF DEATH MONTH	10 110011
may be page 3	3 SE		4 RACE Whi		5. DATE C	FBIRTH .12,1907 YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DATS MOURS MIN.
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BALTIMORE, MARYLAND 21201 cote as esculted with 34 hours byscom ond completely filled in by open Poges 1 and 2 hourd be fill wol. nt, the medical scommer man by pa	130.		GHOME OR OTHER INSTITUTION	13c CITY OR TOW Hyattsv	N	13d INSIDE CITY LIMITS? YES TO D	13e STREET ADDRESS 5801 44th Av	enue
MARYL completed 1 ond 2 v		N. Edward		LAST			wart Baldwin	LAST
TIMORE be essent Popes medica		WAS DECEASED EVER IN YES NO OR UNKNOWN)	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES!	214 16		Marian Don	aldson 5806 42	nd Ave, Hyartsvill
ORDS, 201 W. PRESTON ST., BAI requires that the death certificate en signed by the attending physic Then please remove carbon pape at to burial, cremotian, or removal, y injury, ar other traumotic event, th	TION	Conditions, if only, we gove rise to immed couse (a), stating underlying couse	chich (b) (b) (b) (c) (c) (c) (c) (d)		ENCE OF		MINAL DISEASE OR CONDITION	
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DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The low requires the ortending physician. After this certificate has been signed to sthe buriol-transit permit. Then plean th and Mental Hygiene prior to burial, and dear them 18 shows any injury, are	MEDICAL CI	OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	SE OF DEATH HOUR A	P.M. E OF INJURY STREET, FACTORY OFFICE, F	19	21f LOCATION STREET	RRED (ENIER NATURE OF INJURY IN ITE)	(COUNTY STATE
DR ATTENDI haspital an IRECTOR: A thed far use then 21 is m		220.1 certify that (1) (the	olive on view the bod	the deceased from 19 &		DEGREE		hour and from the couses stated 22c DATE SIGNED
TO HOSPITAL of the certained by the TO FUNERAL Dishould be detact with the State DIMPORTANT: If		JAMES	A. BROL	w mb	nu)	120. ADDRESS TOTAL	BELCRET PHYSICIAN [20782
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DHMH - 16 50M 1/81 (VRA 15, 4)	24 F	UNERAL DIRECTOR Donaldso	n Funeral E	Home, Laur	el, M	d	NTE REC'D. BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE

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500 UNIV. BLVD. . W. . SILVER SPRING, MD. 20901

(VRA 15, 4)

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STIVER SPRING MD

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(VR A 15 (4))

REGISTRAR

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

20 DATE OF DEATH

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWN TO 28 HOUR (TYPE OR PRINT) ESTI-Belle DEATH MATED Austin Burden SEX 4. RACE DATE OF BIRTH 6. AGE (IN YEARS) IF UNDER 1 YR. IF UNDER 24 HRS. 25 DATE 8 180 LAST BIRTHDAY) PRONOUNCED 27, 1893 P. Female White Oct. DEAD 19 8] To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED 5 K Washington.D.C WIDOWED X DIVORCED Montgomery County 2, AND 3 TO THE FUL 3. RETAIN PAGE 5 I 2 SHOULD BE FILED, W AL RECORDS, 201 W ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Brooke Grove Nursing Home Olney Auditor G.A.O. 1136 COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland YES X 3407 Taylor Street Montgomery Chevy Chase 14 FATHER'S NAME FORM PM SES 1 AND 2 Charles Arabella McDonald Rothenbury N. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 577-30-5387 Blaine H. Burden-Address same as #13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). USED AS A BURIAL-TRANSIT PERMII OF HEALTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY RETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Pulmonary embolus DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which (b) fracture of the left medial tibial plateau. 15 days gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION None 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULD BE US DEPARTMENT OF 11 PRIOR TO BURIA None YES [] NO X 21g EXTERNAL CAUSE WAS 216 TIME OF INTURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR 0 CONTRIBUTING CAUSE OF DEATH Not known 211 LOCATION STREET, FACTORY, FARM, ETC.) NOT WHILE AT WORK Brooke Grove Road. Olney. Nursing home Montgomery. 220 I certify that I taak charge of the remains described above, held an Autapsy TO MEDICAL EXAMINER
EXECUTE THE CERTIFICAT
PAGE 4 SHOUD BE FOR
TO FUNERAL DIRECTOR
AFTER DEATH WITH THE
BALTIMORE MARYLAND Accident X death resulted fram: Suicide Hamicide Undetermined manner Natural causes TITLE (SPECIFY) ACTUAL 6/19/81 Deputy SIGNATURE Seminary Road John S. Rogers, M.D. Spring, Montgomery, Md. 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION REMOVAL 236 DATE 23d LOCATION June 20,1981 Cedar Hill Crematory Suitland-Prince Geo. Co.-Md. Cremation 250. DATE REC'D. BY REGISTRAR LAST REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Jos. Gawler's Sons, Inc. 5135 Wisc. Ave, N.W., Wash, Denny DHMH - 17 (VR AT5 ME (5) 15M 2/80

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tDS, 201 W. PRESTON ST., quires that the death certifications that the attending phine please remove carban pto burial, cremation, ar removingly, an other traumatic ever	NO	PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A COI	NSEQUENCE OF	no finesum. Con Related to the	Les	CONDITION GIVEN		JE INTERVAL SET AND DEATH
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L OR the hor trached to Dept.		226. SIGNATURE	The body differ deali		DEGREE ATTENDI PHYSICI	NG MEDICAL AN X DIRECTOR P	STAFF HYSICIAN [JUNE	GNED 7. 1981
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· ADK.	MARYLAND STATE DEPARTMENT OF HEALTH							
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				CERTIFICATE OF	DEATH		THE THEORY	
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rin 24 filled pape	10.	CITY OR TOWN OF DEATH		R INSTITUTION (If not in hospital	120. USUAL OCCU	IPATION (Kind of work done	12b. KIND OF BUSINESS OR INDUSTRY	
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art art	130.	USUAL RESIDENCE (Where deceose	ed lived, if institution: Residence before	ore 13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	dore mineria	
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Lea cot		210. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH		21c. HOW INJURY OC	CURRED (Enfer noture	of injury in Port 1 or Port 2,	Item 18.)	
る言意です	MEDICAL	(If either, notify medical examine	er) P.M.	19				
pt che	W	21d. INJURY OCCURRED 21e. F	PLACE OF INJURY (AT HOME, FARM, STREE OFFICE BUILDING, ETC.	T, FACTORY,) 21f. LOCATION Street	et or R.F.D. No.	City or Town	County State	
OR ATTENDING PHYSICIAN: DIRECTOR: After this certificate ge 3 should be detached for use 3 should be detached for use 6 with the State Dept. of Health	Н	While Not while of work	(orner borono) tra	Charles Linearing				
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AP de		saw the deceased ali	s hospital) attended the dece	2_19&-/_, and that in (m	y) (our) opinion o	leath occurred an the d	ate and hour and from the	
OR ATTENDIN OP PERIOD BY OP PERIOD BY OR STORY OF STORY O		causes stated abave,	, (I) (we) (did) (did nat) view t	he bady after death.				
A Shirt Shir	19	22b. SIGNATURE	1	ATTENDI	NG MED.	STAFF D 224.	DATE SIGNED	
OR DIRI ed y		STATE KRE	zenlier or n	DEGREE PHYS.	DIRECTOR	PHYS.	ine 29/1981	
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FRA BE		NAME (Type) Gordo	on S. Resemberge	r'une orn	M. Libited.	rve; unckvilue	, ITU.	
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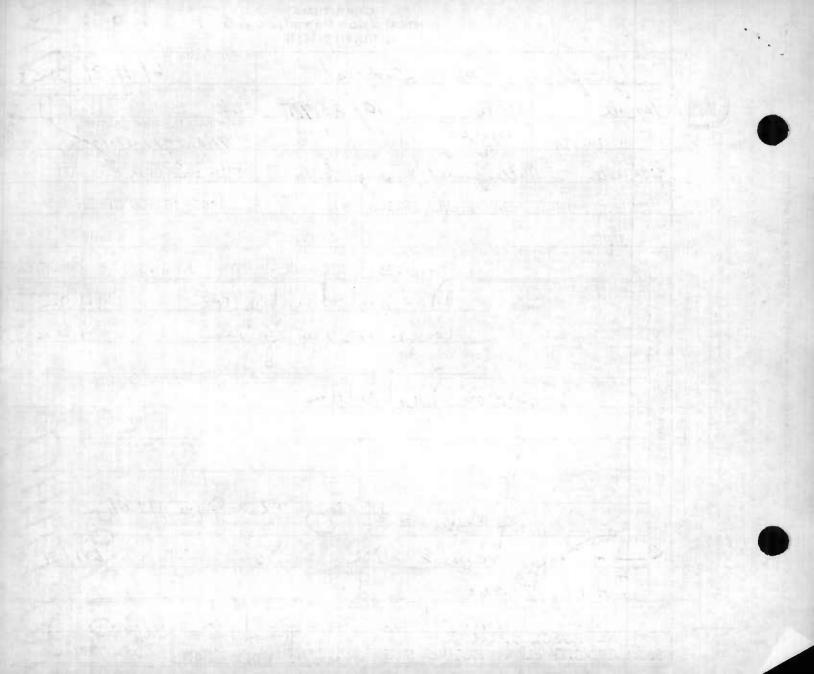
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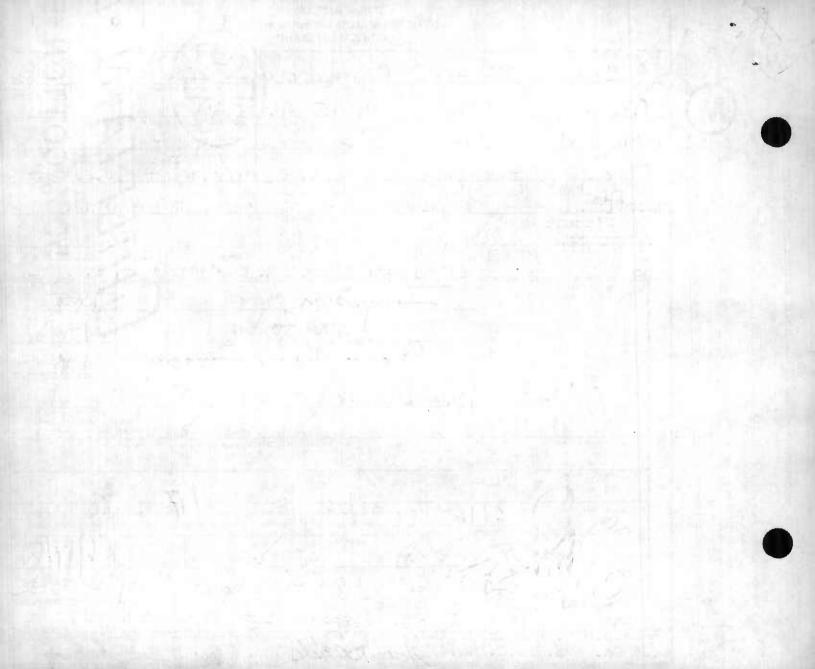
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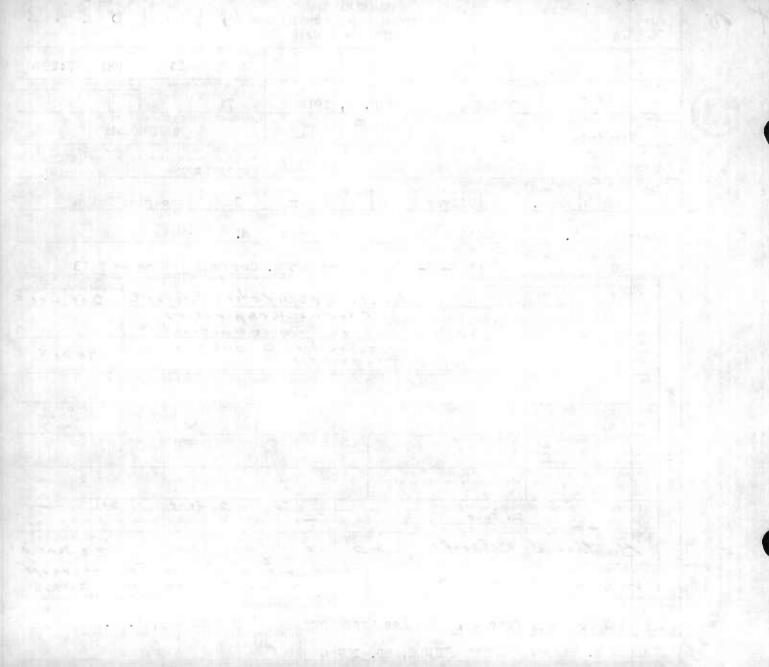
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STATE OF MARYLAND







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	md mc	silv	er spring	YES NO	11245 columbi	a nike
14. F	FATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN	NAME	LAST
_	liko	Kosto	lambros	Stam	ata	Konsta
160	WAS DECEASED EVER IN U.S. ARI YES, NO, OR UNKNOWN) (IF YES, GIVE	MED FORCES? 16b. SOC WAR OR DATES)	IAL SECURITY NO.	17 INFORMANT	ADDRES	
	None		52 8300B	Dean Ca	rr(son)1041	O Gatewood Terr.
	18 CAUSE OF DEATH (Enter on	ly one couse per line for (o), (b)	ond (c).)		8.8.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAUSE	I E CAUSE (a)	fcute	MYOC	CANLIEL	17 July
	19291	DUE TO, OR AS A CON	SEQUENCE OF			
	Conditions, if any, which gave rise to immediate	(b)	won,	c My .	0211,5//	ファア
	couse (o) stoting the under-	DUE TO, OR AS A CON	SEQUENCE OF			
	lying couse lost.	(c)				
	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELA	ED TO THE TERMINAL DISEAS	E OR CONDITION GIVEN IN PART	1 (g).	
NO	Non	re				
N N	190. DATE OF OPERATION	196 CONDITION FOR	VHICH OPERATION W	AS PERFORMED?		20. AUTOPSY?
TE	1/100	**				YES NO NO
CERTIFICATION	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY	21c. H	OW INJURY OCCURRED	LENTER NATURE OF INJURY IN ITEM I	
AL	UNDERLYING OR CONTRIBUTING CAUSE OF I	HOUR A.M. MONTH	DAY YEAR			
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	(AT HOME, 21f. LO	CATION		
¥	AT WORK AT WORK	STREET, FACTORY, FARM, ET	C.)	STREET	CITY OR TOWN	COUNTY STATE
	THE WORK					
	The second secon	e of the remains described obo				and in my opinion
	death resulted from: Notus	ol couses , Accident	Suicide	, Homicide L.	Undetermined manner	
	ACTUAL	4911	1 1761	TITLE (SPECIFY)		DATE 7" . 9 40 C.1
	SIGNATURE	1	N N	.D. Day	MEDICAL EXAMINER	SIGNED WNC 7 1981
4	EXAMINER S NAME (TYPE OF PRINT)	ohn Rogers		1	919 Seminar	v Dd
22				ADDRESS		y Ku.
Z30.E	BURIAL, CREMATION, REMOVAL 2 (SPECIFY)		AME OF CEMETERY C		23d. LOCATION CITY OR TOWN	COUNTY STATE
24 5	Buria1	6/11/81 Ga	ite of He		S.S.	Mont Md.
	ines/Rinaldi	F H TOPRESOO N	H. Ave. S.	S . Md . di tau .	C'D. BY REGISTRAR 25h. R	SISTRAR'S HGNATURE
11	THES/MINGINI	1.11.11000 N		JUN	1 1981	

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e Assun				_attor loci	pi)
	rsional Allega				
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and street	herwise avent.		revita		, ba
Lome	alame:	12			
To the year of	0.00(37)) 2210	Sept.			
CHE WAS IN	Marko mala				

5	1.	FOR STATE	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 I I	6244			
pe pe		REGISTRAR CEASED NAME FIRST E OR PRINT) [M]	MIDDLE MIDDLE Carric	LASI	REG. NO. 20. DATE OF DEATH MONTH JUNE	28 1981 6:15 P.			
ge 4 may	3. SEX FENALE		A. RACE NAITE	5. DATE OF BIRTH MONTH DAY FEB. 19 1900	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 MRS. MONTHS DAYS HOURS MIN.			
death. Pa	3	VIRGINIA	76 CITIZEN OF WHAT COUNTRY? $\mathcal{U} \cdot \mathcal{S}_{\cdot} \mathcal{A}$	MARRIED DEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNT	Y OF DEATH			
aurs after in by e filed	70	IKOMA PARK	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET WASHINGTON) OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADVENTIST HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	(JEE) INDUSTRY G.A.O. (RET.			
in 24 h	130.	STATE 136 COUN	ITY 13_CITY OR TOW	13d INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA	13e. STREET ADDRESS	MA PIKE APT. CH			
completel			MED FORCES? 166 SOCIAL SECU	MATILON	MIDDLE 0 -	RTSON			
be exected an and s. Pages		YES, NO GLUNKNOWN) {IF YES, GIVE	E WAR OR DATES) S79-09-0	0663 DOROTHY E.	DIBONA, (SAME	AS 13QL)			
iquires that the death cert is signed by the attending then please remove carbon ta burial, cremation, or re niury, or ather traumatic er	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying course last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO C	except den	MINAL DISEASE OR CONDITION GI				
V: The law re ysician. Cate has been ansit permit. Hygiene prior as shows ony i	CERTIFICATION	190. DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO Y	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO			
HYSICIAN: nding phys nis certifica burial-trar i Mental Hy	MEDICAL CE				21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE		19 211. LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18,	PART OR PART 2) COUNTY STATE
ITAL OR ATTENDING by the haspital ar of RAL DIRECTOR: Afre detached for use as state Dept. at Health NT: If Hem 21 is mark		22e.1 certify that (1) (this haspit sow the deceased alive on above, (1) (we) (did) (did not 22b. SIGNATURE	Robbin us	DEGREE ATTENDING PHYSICIAN 220 ADDRESS	death occurred on the date and ha	y and from the couses stated 22c. DATE SIGNED 129, 7951			
Sha Cred	230.	BOR'S R BURIAL REMATION REMOVAL SPECIFIC REMOVAL		JAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNT / STATE			
DPMH-16 30M 2/80 (VRA 15, 4)	24 F	JURIAL DIRECTOR Roma TUNING HONL	July 1.1981 Q	Carrel St NG 2	TE REC'D. BY REGISTRAR 25b. REGIS	TRANSSIGNATURE			

A P S TO TO A DOMESTIC STORY And the Course of the Course o "Tayon Till putting an agover the ten made to the ten the ten to t The state of the s THE SHOW SHOW IN THE SHE THE SHEET SHEET SHEET A STATE STATE OF THE CONTRACT STATE The state of the second state of the second second

X	1.	FOR - STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL ECATE OF DEATH		6245				
e o o o o o o o o o o o o o o o o o o o		CEASED NAME E OR PRINT)	JOHN 4 RACE		PION DF BIRTH	REG. NO. 20. DATE OF DEATH MONTH June 6 AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 2b HOUR 29				
neral disert	70. B	Male IRTHPLACE (STATE OR I COUNTRY! SOUTH CARC	10	WHAT COUNTRY? 8	ust 01,1899	BALTIMORE CITY OR COU	S NTY OF DEATH				
and	S.	ITY OR TOWN OF DEA	ng Holy	HOSPITAL, NURSING HOME C CHEACILITY, GIVE STREET ADDRESS) Cross Hospital	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN RAILROAD WOR	LIEB 126 KIND OF BUSINESS OR INDUSTRY RATLROAD				
BS Applied	13a M	ARYLAND	P.G.	MARYLAND PARK	152 140 1		ST.				
160	14. FA	WILL PART	MIDDLE CHA	MPION	LUCINI		LAST				
2		VAS DECEASED EVER YES NO OR UNKNOWN)	IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES)	709 12 4676	17 INFORMANT ELEANOR	MCCOY DAUGHTER	5720 EAGLE ST.				
Ligned by the unterliging plant please terrors carbons of burial, complion, or remove, or after traversatic even	NO	NO	NO	NO	NO	Candifians, if any, gave rise to immediate (a), stating underlying cause	which which and the property of the last column (c)	A A CONSEQUENCE OF		CEREBRO OCA R DISE ERMINAL DISEASE OR CONDITION	2 YEARS GIVEN IN PART TIO
ho sad	CERTIFICATION	19a DATE OF OPERAT		ITION FOR WHICH OPERATIO		YES NO	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO				
100 CH 10	MEDICAL CE	210. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER, NOTIFY MEDIC 210. INJURY OCCURR WHILE NOT WH AT WORK ALL WOS	CAUSE OF DEATH HOUR A. CALEXAMINER) P. 216. PLACE	M. MONTH DAY YEAR M. 19	211 LOCATION STREET	CURRED (ENTER NATURE OF INJURY IN ITEM	(OUNTY STATE				
e State Dept. of Health		22a.1 certify that (1)	this beginning attended the ed alive an 29 100 and of the bady		DEGREE	, to 29 JUNE nian death accurred an the date and	120 DATE SIGNED 29 JUNE 8/				
should be de with the Stat	23a E	WHITEK BURIAL, CREMATION, SPECIFY, BURTAL	E - 6-00, REMOVAL 23b. DATE JUL 3.	The second secon	2309 SHOP EMETERY OR CREMATO NY MEMORIAL	RY 23d LOCATION CITY OF TOWN LANDOVER, M	WHEATON MY				
50M 1/81 5, 4)		UNERAL DIRECTOR ALEXANDER				DATE REC'D. BY REGISTRAR PRINCE	Junes Maistiller				

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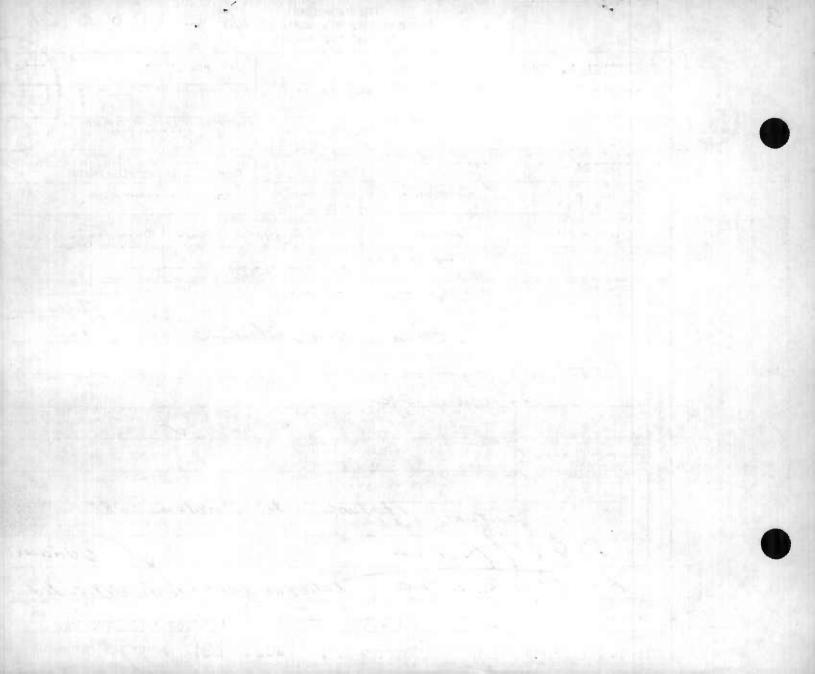
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	1 -	FOR STATE REGISTRAR		DEPARTI		EALTH AND MENTAL HYO	GIENE 8 . REG. NO.	6 2 4 /
oge 3 death		CEASED NAME FIRST	OLEMAN	WIDDLE		AST	JUN 24 81	YEAR 26 HOUR
ffer d	3 SE.	* FEMALE	4 RACINEGE	ROID	S. DATE O	WINTHEL BAYEAR	6 AGE (INCLES LAST BIRTHDAY) WYRS.	FUNDER) YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
M /3		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY OF MONTGOME!	
27	10 C	BETHES DA	1) NAME OF	HOSPITAL, NURSIN	ADDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPATION (1YPE OF WOR THE TI OF WORKING LIFE) Custodial Servi	12b. KIND OF BUSINESS OR
ad blood	USU. 13a. S	AL RESIDENCE (IF NURSING	OF OTHER INSTITUTION	134 CWASHOW		13d INSIDE CITY LIMITS? YES 🔣 NO 🗌	130 STELLY DESTMINST	ER ST.
colexomine	16a V	THER'S NAME FIRST JAMES VAS DECEASED EVER IN U.S.		CARTER 166 SOCIAL SECU	JRITY NO.	15 MOTHER'S MAIDEN NA FIRST FANNI	WIDDLE	RPENTER
physician and or papers. Pages moval.		(IF YES, NO OR UNKNOWN) (IF YES, NO OR UNKNOWN) (IF YES, PART I, DEATH WAS CAU	GIVE WAR OR DATES)	579 34		FLORENCE JA	CKZON ZEE ITEM 13	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
been signed by the oftend mit. Then please remove of pyrior to burial, cremation, only any injury, or other troumo	ATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION	DUE TO, CO	OR AS A CONSEQUI	ENCE OF DEATH BUT	Renal S	minal disease or condition give	SALE. N IN PART 110 WERE FINDINGS USED
hows	CERTIFICATION	21g, ACCIDENT WAS UNDERLYING	☐ 21b. TIME (DE INTUIRV		121, HOW IN HIPV OCCUP		ING CAUSES OF DEATH?
OK ATTENDING PHYSICIA F hospital or attending pl NRECTOR, After this certif ched for use as the burial-th Dept of Health and Mental Hem 21 is marked or hem	MEDICAL C	OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM) 21d INJURY OCCURRED WHILE NOT WHILE	DEATH HOUR A		AY YEAR 19	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		220. I certify that (I) (this ho saw the deceased alive above, (I) (we) (did) (did) 22b. SIGNATURE	on 24 at	une 19	81.0	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	death occurred on the date and hour	9 8 , that (I) (we) lost and from the causes stated II. DATE SIGNED DUSTUME
should be deto with the State I	230 5	22d. PHYSICIAN'S NAMED BY BURIAL, CREMATION, REMOV	Lucan. AL 23b. DATE	0. DO		22e ADDRESS National EMETERY OR CREMATORY	DIRECTOR PHYSICIAN / Waral Malica 1734 LOCATION	1aste Such
		BURIAL	6-29-			ON NATIONAL	ARLINGTON ARLIN	COUNTY STATE
6 50M 1/81 (15, 4)		UNERAL DIRECTOR HN T - RHINES F	FUNERAL H	HOME WASH	INGTO		të rec'd. by registrar 256, registr L '/ 1981	AR'S SIGNATURE



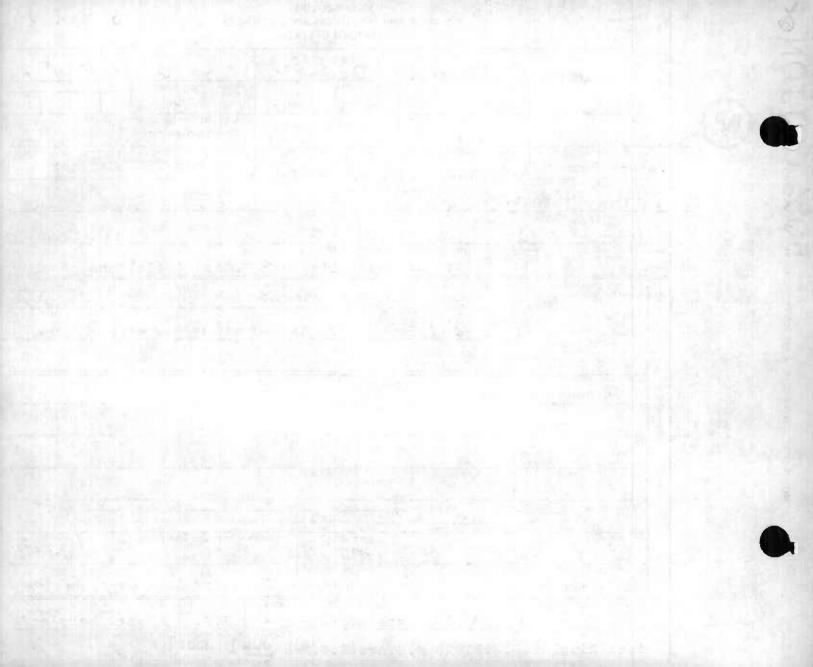
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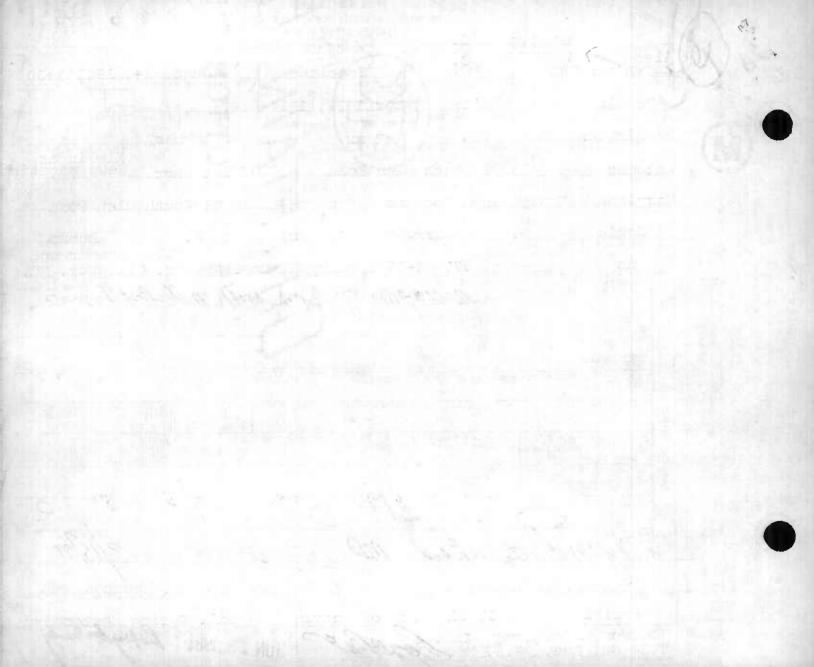
STATE OF MARYLAND

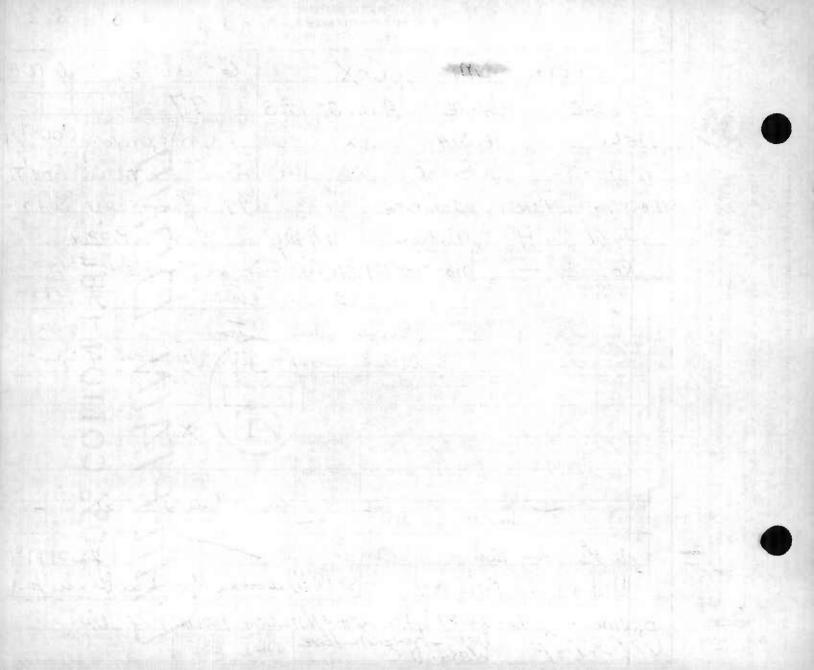
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	1	STATE OF MARYLAND	0
	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR REG. NO.	7
		ECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 28. HOL	UR
± 3	(TYP)	Henry George Com Jr. 6 27 8/ 95	5
1 8 1	3 SE	EX 14 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER	
		male white 9 1 41 39 yrs. MONTHS DAYS HOURS	Mi
T WAR James	7a. B	SIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH	
	10	ashinston D.C. 1-mer. WIDOWED DIVORCED Montgomery	
by the	Ta	akoma Park 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ADVENTISH HOSPITAL 128. USUAL OCCUPATION 129. USUAL OCCUPATION 129. USUAL OCCUPATION 120. USUAL OCCUPATION	ESS
22 bound by	13a. :	JAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESDENCE BEFORE ADMISSION) STATE 136 COUNTY 136 CITY OR TOWN Solver Soine YES 100 308 South United or Reserved	7
4 45	14. F/	ATHER'S NAME 15. MOTHER'S MAIDEN NAME	0
1 1 15	7 9	Henry 6. Coop St. Frances MIDDLE McCom	0 1
less to the		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 1/45, NO OR UNKNOWN) 1/18 YES, GIVE WAR OR DATES)	1
1 00 1		None 579 54 5005 Elizabeth F. Coon (Wife) Same as a	bo
4 0 0 0 0		18. CAUSE OF DEATH :Enter only one couse per line for (a), (b), and (c): PART I, DEATH WAS CAUSED BY: AND A SECOND SET AND A SECOND	RVAL
4 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gram Nega Five Sepsis 2 d	ay
the contract of the		Conditions, if any which (Und Ferentialed Mediastenal Carcinoma 2 m	
des officer		Conditions, it ony, which gove rise to immediate (b) Undifferentially Meditational arinoma of m	D.
4 4 1 1		couse (a), stoting the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF	
of the plant of th	4.	(c)	
den y	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00	
and and and	CERTIFICATION	190 DATE OF OPERAMON 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USE	D
9 9 8 8 7		YES NOW YES NO	
A Share	E E	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	
A modern	14	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	
A Mer Con H	MEDICAL	21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY	STATE
of the state of th	>	WHILE NOT WHILE AT WORK AT WORK	
A M A M A M A M A M A M A M A M A M A M	1	220.1 certify that (I) (this hospital) attended the deceased from April 19 1, to 6/27 19 8 that (I)	₩e)
E 4 5 5 4 5		sow the deceased alive on the date and hour and fram the couses st above, (1) (we) (did) (rid par) view the bady after death.	ated
OR A Ched Ched Dept		226. SIGNATURE COVERING FOR DEGREE COVERING FOR TOM BENSINGER 220 DATE SIGNED	
文章 在 · · · · · · · · · · · · · · · · · ·		MD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN (1) 6/27/81	
1 × 1 × 1 × 1		22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS	
OSPITAL Ed by INER- UNER- d be d to he Stere			1
D HOSPITAL stoined by the Control of Funeral hould be districted the Stories of t		PETER SHERER MD 1109 Spring St. #610 Silver Spring md	1091
TO HOSPITAL retoined by the TO FUNERAL should be date with the Stere		BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION	1091
TO HOSPITAL TO FUNERAL should be der with the Series MAPORTAN		BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION	STATE IN C

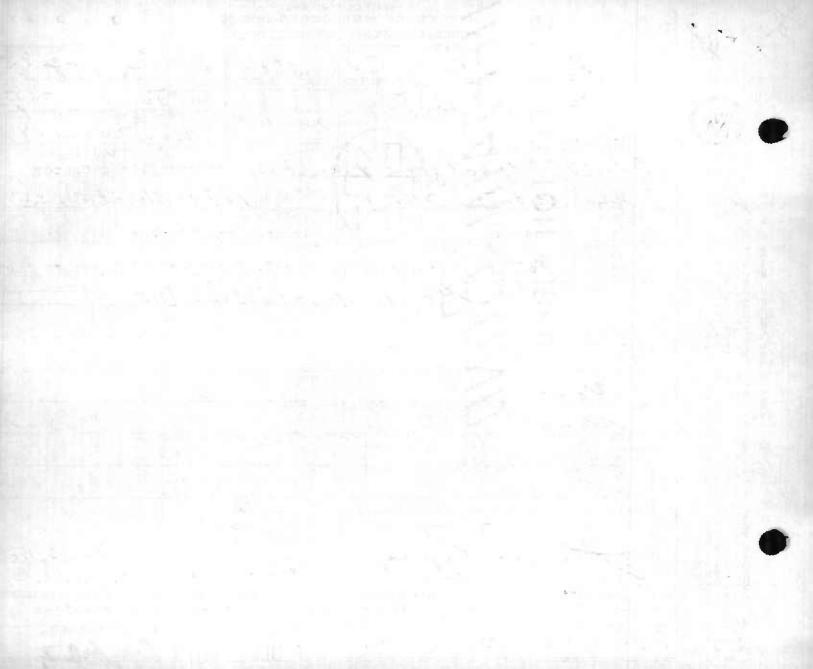


STATE OF MARYLAND





8	FOR STATE		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENT.	9 1	1 6	2 5 3
	REGISTRAR 1. DECEASED NAME (TYPE OR PRINT)	FIRST 12 × 1	MIDDLE	LAST	70. DATE OF DEATH	ESTI-	DAY YEAR 75 HOUR
YY, RLEASE WRECTOR OR FILES. 72 HOURS	3. SEX 1 RACE	5. DATE OF BIRTH	YEAR LAST BIRTHD	AY) MONTHS DAYS HOU	NDER 24 HRS. 2c. DATE	MONTH	DAY SEAR ZENHOUR
WINTERSON WANTERSON	To BIRTHPLACE (STATE OR FOREIGN COUNTRY) Wash.D.C.	7b. OTIZEN OF WH		8. MARRIED NEVER A	AARRIED . 9. BALTIM	ORE CITY OR COUNT	Y OF DEATH OME VY MD.
F ANY DELAY 15 AND 3TO THE FRENIN PAGE PHOLID BE FILED PAGE PHOLID BE PHOLID PAGE PH	10. CITY OR TOWN OF DEATH	(IF NOT IN SUCH FA	CILITY GIVE STREET ADDRESS)	y Gen LH	FOR MOST OF WORL	CATION (TYPE OF WORK) KING LIFE) CA Flight	OR INDUSTRY
IF ANY IF ANY IS SHOULD SHOULD IN RECORD IN RE	Mot	COUNTY MONE OF OTHER INSTITUTION, GI	13c CITY OF TOWN	YES NO	1890	1 B/88 mt	Siell Kd
BALTIMORE, MD. 21201 S AFTER DEATH. IF ANY GIVE PAGES 1, 2, AND. TH FORM PM 3, RETA PAGES 1 AND 2 SHOULI INSIGN OF VITAL RECO	160. WAS DECEASED EVER IN	ranston U.S. ARMED FORCES?	LAST		ret Ann V	Lerkorn ADDRESS	LAST
BALTIMA URS AFTER URS GIVE POR WITH FOR IT. PAGES 1 DIVISION	Yes, no, or unknown)	YES, GIVE WAR OR DATES) WWII Enter only one couse per line	578 34 5		B. Cransto	on(Wife)S	APPROXIMATE INTERVAL
L RECORDS, 201 W. PRESTON ST., II JUD BE EXECUTED WITHIN 24 HOURS "PENDING" IN PENCIL IN ITEM 18. (F MEDICAL EXAMINER ALONG WI FED AS A BURRAL "TRANSIT PERMIT F HEALTH AND MENTAL HYGIENE, DI H, CREMATION, OR REMOVAL.	Conditions, if ongove rise to in couse (o) stoting the lying couse lost.	, which mediate e under- (c) DUE TO, OR	AS A CONSEQUENCE	DF	evile	Dis,	BETWEEN ONSET AND DEATH
VITAL RECORDS, 201 SHOULD BE EXECUTED DRD "PENDING" IN FAULT CHIE WEDICAL EXA CHIE WEDICAL EXA TOF HEALTH AND MI URIAL, CREMATION,	2 1/	NOTIONS CONTRIBUTING TO DEATH P 19b CONDIT		INAL DISEASE OR CONDITION GIVEN			70 AUTOPSY?
DIVISION OF VITAL I S CERTIFICATE SHOUL RITING THE WORD "Y ROED TO THE CHIEF AS 3 SHOULD BE USED E DEPARTMENT OF H OI PRIOR TO BURRAL			MONTH DAY YEAR		URRED LENTER NATURE OF INJ	URY IN ITEM 18 PART 1 OR PAR	YES NO.
DIVISION THIS CERT E, WRITING CRANGED IN PAGE 3 SHOWN TO STATE DEPAGE 3 SHOWN TO STATE DEPAGE 3 SHOWN TO STATE DEPAGE 3 SHOWN THE STATE SHOWN THE SHOW	VIDERLAING CA 210. INJURY OCCURRE WHILE NOT W AT WORK AT WO	HILE STREET, FACT	OF INJURY (AT HOME, ORY, FARM, ETC.)	711 LOCATION STREET	CITY OR TOV	vN COU	UNTY STATE
TO MEDICAL EXAMNER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: A AFTER DEATH, WITH THE SI BALTIMORE, MARYLAND, S	270 Certify that I to death resulted from: ACTUAL SIGNAL PRINTS EXAMINER'S NAME (TYPE OR PRINT)	Notural couses Notural Sound		TITLE (SPECIF	MEDICAL EXAM	DATE	June 5, 1951
BATTER AFTER A STEEL A	230. BURIAL, CREMATION, REA	OVAL 736 DATE 6/9/81		ADDRESS METERY OR CREMATORY Cemetery		,North cor	
	74 FUNERAL DIRECTOR Hiñës/Rina]	di F.H.14780	00 N.H.Ave	e.S.S.Md	ATE REC'D. BY REGISTRAL	75b REGISTRAR'S SI	GNATOKE NETTO



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Items #18a-22a Film G557 7/31/81rc STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO Pa. DATE KNOWN DECEASED NAME 2h HOUR (TYPE OR PRINT) OF ESTI-6-15-81 DEATH MATED J. CURLES 20 HOUR 4. RACE AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY female white PRONOUNCED 6-15-81 PM Oct 9 1942 388 DEAD 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY Montgomery County Wash., D. USA WIDOWED DIVORCED IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Institute of Health Parking National Housewife 3. RETAIN PA SHOULD BE F Bethesda USUAL RESIDENCE (IF IN NURSING MOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 1136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 3420 63 Avenue YES [Md PG Cheverly NO [] AND 2 SH OF VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Pauline Davis Revis, Sr. Homer ADDS me as 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMANT 16h SOCIAL SECURITY NO Above DIVISION LYES. NO. OR UNKNOWN 214-42-3768 James P. Curles, Husband, No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ND MENTAL HYGIENE, TION, OR REMOVAL. PART I DEATH WAS CAUSED BY Flurazepam intoxication MAMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID CERTIFICATION USED AS 19g DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HI YES X NO [21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) FORWARDED TO THE HOUR A.M. MONTH YEAR OR DAY UNDERLYING self/ingested CONTRIBUTING CAUSE OF DEATH 21f LOCATION 21e PLACE OF INJURY 21d. INJURY OCCURRED (AT HOME. NIH Parking Lot Montg. STATE WHILE AT WORK Bethesda EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY PAFIER DEATH WITH THE STY BALTIMORE, MARYLAND, 2 22s. I certify that I took charge of the remains described above, held on Inspection Inquiry ond in my opinion X Homicide Undetermined monner Notural causes TITLE (SPECIFY) Assistant 6-16-81 MEDICAL EXAMINER EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street ADDRESS 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY Burial Brentwood, P.G., Maryland Ft. Lincoln Cem. 6-19-81 74 FUNERAL DIRECTOR RObt E Wilhelm 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 4308 Suitland **DHMH-17** (VR A15 ME (5) Rd. Suitland, Md. Funeral Home 15M 2/80

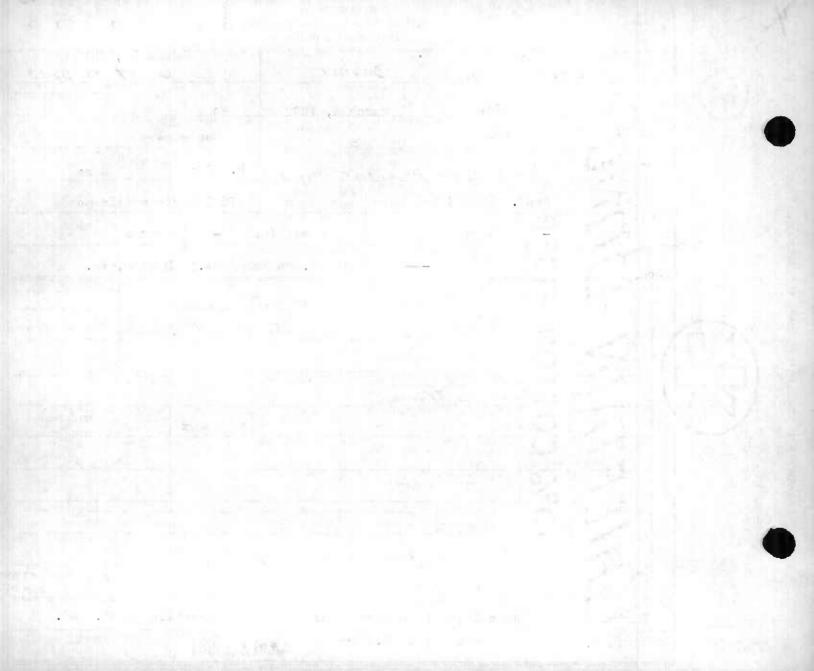
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR I. DECEASED NAME 20. DATE KNOWN X (TYPE OR PRINT) ESTI-E FUNERAL DIRECTOR.
E 5 FOR YOUR FILES.
ED, WITHIN 72 HOURS
I WE PRESTON STREET, Daniels Mary Patricia Fairall DEATH MATED 19 4. RACE IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED May 28, 1938 19 8] DEAD Female White 30 BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY and Montgomery County

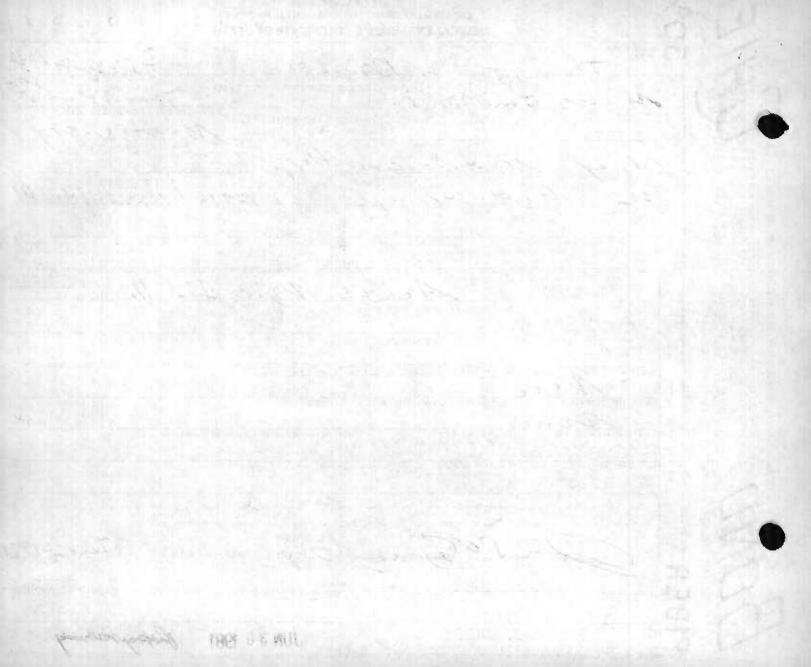
No USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY) USA DIVORCED TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS N EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FIRPAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. FRATIN PAGE 5 TO FUNDERLA DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. FRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. AFTER PATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS. 201 W BATTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Washington Adventist Hospital secretary legal Takoma Park USUAL RESIDENCE LIFTIN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONAL 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Prince Georges Hvattsville YES A 7981 New Riggs Road, #208 NO [] 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Patterson McCeney Fairali Maryxxxxxx Jessie Reece 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 216 36 0040 17. INFORMANT ADDR8963 Oliver Court Patterson Fairall, Jr Manassas, Va no CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: Left subdural hematoma II days IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which (b) fall 11 days gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. convulsive disorder. Years PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION None 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? None YES NO X 218 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH Fell in parking lot. 214 INJURY OCCURRED AT WORK AT WORLE PAYKING LOCITY OR TOWN Parking lot 15th Avenue, Hyattsville, 22a I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinian death resulted fram: Accident Natural causes Suicide Homicide Undetermined manner Deputy uty MEDICAL EXAMINER 1919 Seminary Road John S. Rogers. M.D. ADDRESS Silver Spring, Montgomery, Md. 230. BURIAL, CREMATION, REMOVAL 23b. DATE Burial June 234. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE June 24,1981. St. Marys Cemetery Laurel, Maryland 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE NAME Donaldson Funeral Mome, Laurel, Md (VR A15 ME (5) 15M 2/80

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JUSU	AL RESIDENCE (IF NURSING HOME OR OT	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	4. Electrical Engi	meer Diecom
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morke	220 I certify that (1) (this temporal) saw the deceased alive an	6 - 2 19 SI and that in (my) (son) apinio	n death occurred on the date and ha	
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PERCENTURED IN THE PROPERTY PORT GOOD, S. TAKAGE.

Demaine Funeral Homes, Inc., Alex. Va. 22314

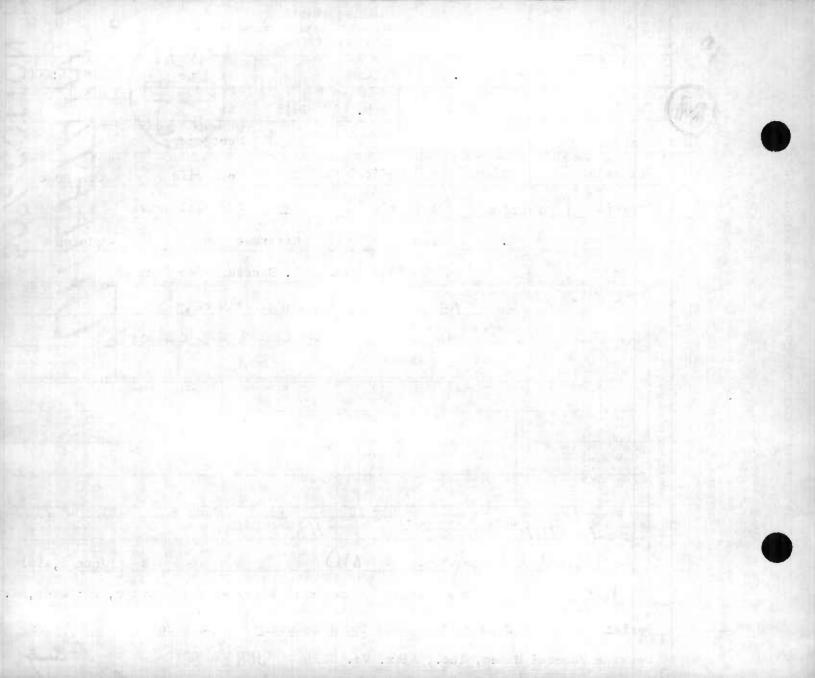
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO



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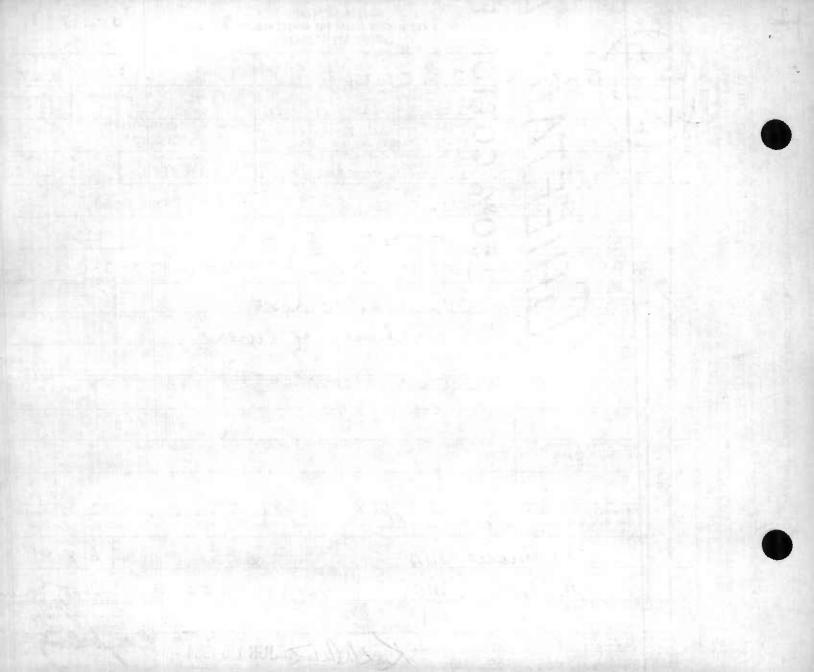
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Page 4 may becror, page once,	3 SE	× Male	1 RACE		OF BIRTH DAY YEAR 9	6. AGE JIM YEARS LAST BIRTHDAY) 81 YRS	FUNDER 1 YEAR IF UNDER 22
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ficate be executed ysician and comple pers. Pages 1 and 2 oval.	16a \	MAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES, O	COURTMAN OR OLUTERY	CIAL SECURITY NO.	17 INFORMANT Elsa Eaton.	ADDRESS Wife. Same as i	
: The law requires that the te has been signed by the att permit. Then please remove ene prior to burial, cremati shows any injury, or other	CERTIFICATION	PART 2 OTHER SIGNIFICAN	fell ac	DR WHICH OPERATION	an culcum	INCER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH
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ATTEN tal or a CTOR: or use a of Heal		220 I certify that (I) (this ha saw the deceased alive abave, (I) (we) (did) (did	47-1	108/	nd that in (m) (our) apinian d	, ta, ta	, 19 <u>8</u> , that (I) (we aur and from the causes state
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BP O	(BURIAL, CREMATION, REMOV SPECETY) Burial	6/4/1981	Rock C	reek Cemetery	23d LOCATION CITY OR TOWN Washington	COUNTY STATE
DHMH-16 25M (VRA 15, 4) 1/79	24 FI	UNERAL DIRECTOR JOS	eph Gawler's Wisc. Ave., N	Sons Inc.	20	REC'D. BY REGISTRAR 256. REGI	STRAR'S SIGNATURE

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12	81	1	FOR	DEDAE	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL H	CIENE 8 1 1	6271
10	13	11.	STATE REGISTRAR	DEFAR	CERTIFICATE OF DEATH	REG. NO.	
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ė.	ege 3	1	BARB	ARA J	EISFLE	6	-8-81 10:45PM
	June ctor. page 3 softer death	3. SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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, B	Dr. Dr. B. Phys. on paper emander event,		PART I. DEATH WAS CAUSED	BY:	diae annes	+	BETWEEN ONSET AND DEATH
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DIVISION OF VITAL RECORDS, 201 W, PRESTON ST., BALTIMORE, MARYLAND 21201	equires eal n signed Then pli ta burn injury, o	Z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION	GIVEN IN PART 1(0
Ö	CL CL CL been mit. T print. T	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
I RE		TER					RTIFYING CAUSES OF DEATH? YES NO NO
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Ö	SICIA ng ph certifi uriol-tr tental lfem 1	CAL	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR		
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, i	O O O E		220.1 certify that (1) (this haspite	of ottended the deceased from		June 6,	
100	2 of of		saw the deceased alive on_ above, (1) (we) (did) (did not)	view the body ofter death.		n death accurred on the date and	
			22b. SIGNATURE	2 2 2	DEGREE	MEDICAL STAFF	6.8-81
1	SPITAL OI d by the NERAL DI be detact e Stote De TANT: If II		22d. PHYSICIAN'S NAME (TYPE OR	now MI	PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	0.8.81
	retained by the TO FUNERAL should be detivited by the Store with the Store IMPORTANT:		ha a	NOW MO	0	ELQUITA A.	E SILVER SPRIAR
	Mark Short	730 F	SURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	1236 LOCATION	AID TRING
	BP		SPECIFY)			CITY OR TOWN	Montgomery Md
230	HMH - 16 50M 1/81	24 FU	Burial UNERAL DIRECTOR		ate of Heaven	ATE REC'D. BY REGISTRAR 156 HE	Montgomery Md
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Emmy Eisenstadt 6-5-81	MD.
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14. FATHER'S NAME	
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166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
No 017-12-9364 Michael Gordon-Attorney	
18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:	TERVAL ND DEATH
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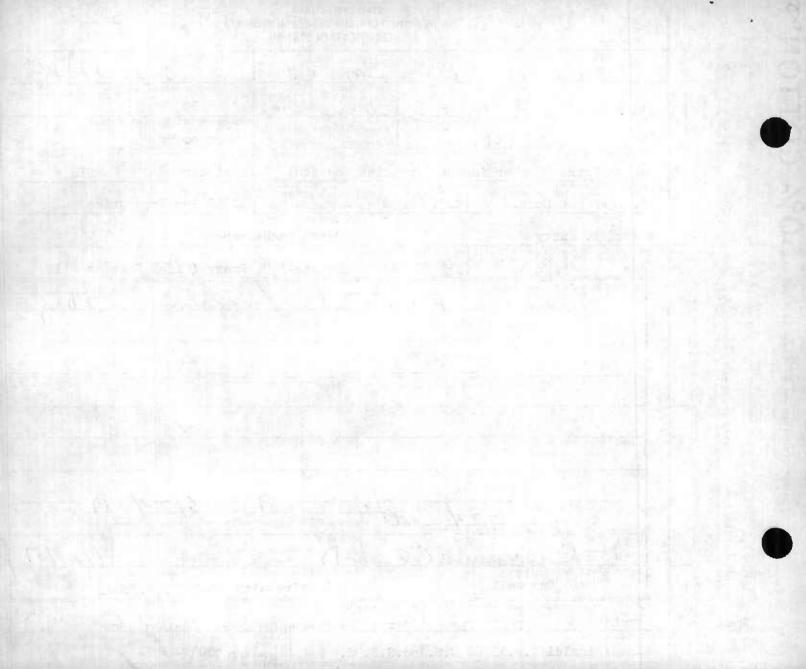
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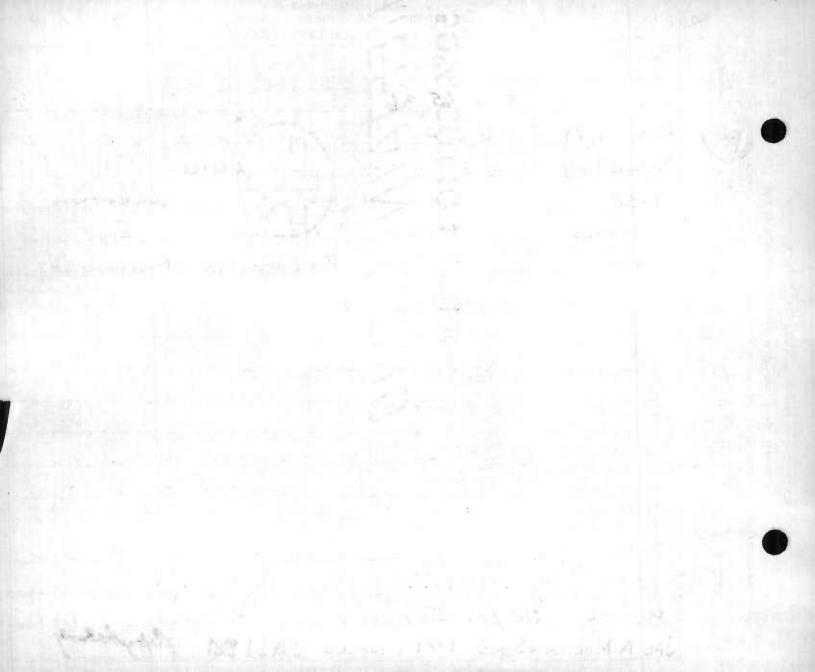
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6	P	RTHPLACE (STATE OF FO	15-60	CITIZEN OF	WHAT COUNT	MARRIE WIDOW	D NEVER MARRIED DIVORCED	Montgome	R COUNTY O	FDEATH
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35	13a S M o	1.	13b COUNTY Mont		I GIVE RESIDENCE BE		13d INSIDE CITY LIMITS?	12609 Two	Farm D	rive
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medico	[[Y]	AS DECEASED EVER II	(IF YES, GIVE WA		579 07		17 INFORMANT	ADDR D. Emery (Wid		#1.05
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he prior to buriou, cr ws any injury, or oth	FICATION	underlying couse	last.	(c)_ NDITIONS <u>C</u>	ontributing '	TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CON	20b. IF YES, W	IN PART IIO VERE FINDINGS US
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7	FOR STATE REGISTRAR	DEPARTMENT OF	ATE OF MARYLAND FHEALTH AND MENTAL H NER'S CERTIFICATE O		16276
	. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDIE	EPPS	20. DATE KNOWN OF ESTI- DEATH MATED	
N ST	male negro	S. DATE OF BIRTH MONTH DAY CAST BIRTH CAST BIRTH CAST BIRTH	YEARS IF UNDER 1 YR. IF UNDER		MONTH DAY YEAR 2d. HOU 6 9 19 81 8;25
3	R. BIRTHPLACE. (STATE OR FOREIGN COUNTRY) RICHMOND VA. B. CITY OR TOWN OF DEATH	75. CITIZEN OF WHAT COUNTRY? U.S. A. 11. MAME OF HOSPITAL, NURSING HOMEST ADDRESS (FROT IN SUCH FACILITY, GIVE SIREET ADDRESS)	8. MARRIED NEVER MARRI WIDOWED DIVORC	ED Montgomer	V CO. MI PPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY
RETAIN PECORDS	30. STATE	Shady Grove Hospi or other institution, give residence before admis nty IJa: CITY OR TOWN WAShinGT	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	uknown
M PM 33	1. FATHER'S NAME FIRST PARES 60. WAS DECEASED EVER IN U.S. AI	MIDDLE MANN		MIDDLE	Epps
GIVE PA GIVE PA FAGES 1	(YES, NO, OR UNKNOWN) (IF YES, GIV	RMED FORCES? E WAR OR DATES) 16b. SOCIAL SECUR U N K. nly ane cause per line far (a), (b), and (c),)	Mrs. Mari	on Epps - Ric	1 1110
TO MEDICAL EXAMPRE: INIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFIRE DEATH. IF ANY DE EXECUTE THE CERTIFICATE, WRITING THE WOOD "FENDING" IN PENCIL IN 11EM 18. GIVE PAGES 1, 2, AND 3 TO PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALIONG WITH FORM PM 3. RETRAIN TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OFWITAL RECORDS, BALTIMORE, MARYTAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	PART DEATH WAS CAUSI MARDIA Canditions, if any, which gave rise to immediate cause (a) stating the under lying cause last.	ED BY: ATE CAUSE (a)	OF		BETWEEN ONSET AND DEATH
ORD "PENDING" CHIEF MEDICAL E USED AS A BU T OF HEALTH AN URIAL, CREMAT	190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS	195. CONDITION FOR WHICH OPE		RT T o	20 AUTOPSY?
ARTMENT CHORES	UNDERLYING WOR CONTRIBUTING CAUSE OF		Subject drow	D (ENTER NATURE OF INJURY IN ITEM 18	
PAGE 3 TATE DE	21d INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, ETC.) Water	Isaac Walton	Lake, Gaithersbu	urg, Montgomery, Md.
THE CERTIFICATE SHOULD BE FOR ERAL DIRECTOR: EATH, WITH THE S DRE, MARYLAND,		ge af the remains described abave, held an ural causes , Accident , S	Autopsy M Inspection inicide Homicide TITLE (SPECIFY) M.D. ASSISTAN	Undetermined manner,	DATE SIGNED 6-10-81
EXECUTE PAGE 4 S TO FUNE AFTER DE BALTIMOI	EXAMINER'S NAME A	nn M. Dixon, M.D.	ADDRESS 11	1 Penn St.	
P	FUNERAL DIRECTOR	6/15/81 Everg	reen 250. DATER	Richmona	COUNTY STATE
(5))	JAS. A. MORTON	12005 1701 LA	AURENS JUNI	1 1981	The state of the s

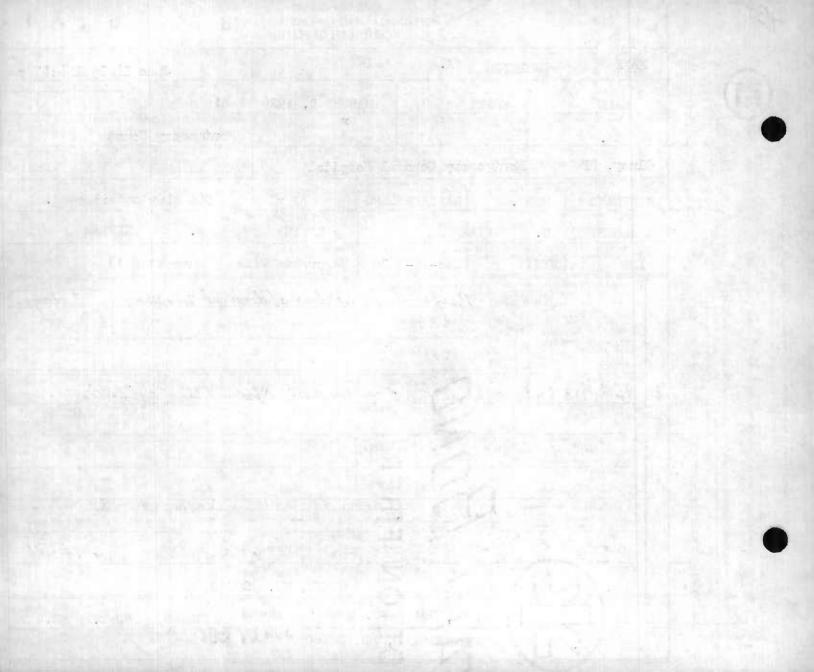


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230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION	d. 208.
CITY OF TOWAR	D. STATE
80 24 FUNERAL DIRECTOR FRANCIS J. COLLINS, ADDRESS 250, DATE REC'D. BY REGISTRAR'S SIGNATURE.	1 10

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(VR A 15 (4))

STATE OF MARYLAND



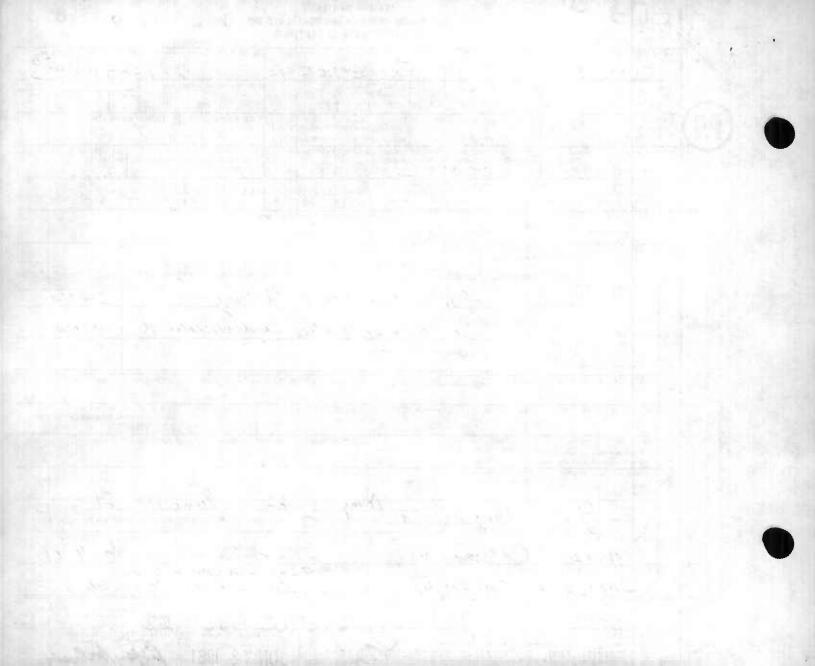
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6	FOR STATE REGISTRAR	ilm G556 6/30/81r DEPARTMEN MEDICAL EXA	T OF HEALTH	AND MENTAL H		16280	
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	le white	12 27 41 39	E (IN YEARS IF UND T BIRTHDAY) MONTHS YRS.	DAYS HOURS	MIN. PRONOUNCED DEAD	MONTH DAY YEAR 2d HI 6 5 1981 7:	
35 Ma	BIRTHPLACE (STATE OR COUNTRY) LTyland	USA	WIDOWE		ED Montg	on county of death omery County	MD
s	ilver Springs	11. NAME OF HOSPITAL, NURSING (IENDTINSUCH FACILITY GIVE STREET AT 1415 Harding L	ane	r institution	120. USUAL OCCUPATION (TY) FOR MOST OF WORKING LIFE) Plumbar	PE OF WORK 12b. KIND OF BUSINES: OR INDUSTRY Plumbing	5
) 13a.	STATE 13b COUN	or other institution, give residence serore TY 13c. CITY OR TO Silver	I NWC	34 INSIDECITY LIMITS?	13. STREET ADDRESS		
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	YES, NO, OR UNKNOWN) (IF YES, GIVE	war or Dates) 218 38		Kim Fox	(same as #	13)	
MEDICAL CERTIFICATION	Canditions, if any, which gave rise to immediate cause (a) stating the <u>underlying cause last</u> .	(b) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONTRIBUTING TO GEATH BUT NOT RELATED TO	ENCE OF	IR CONDITION GIVEN IN PAR	Y 1 (a).		
TIFICATI	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WA	S PERFORMED?		20 AUTOPSY? YES XX NO	
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	22a I certify that I taak charg death resulted fram: ACTUAL SIGNATURE	e onhe remains described abave, hel	Suicide	Hamicide TITLE (SPECIFY) Assistan	Undetermined manner ,	DATE 6/5/81	
2 730.6		nez R. Guard,M.D.			Penn Street Ba	lto.,MD 21201	
E		-8-81 Park	of CEMETERY OR Lawn Cer	metery	Rockville	Mont STATE Md.	
	Variaeror. Pump 3434 Ga. Ave.	ohrey ADDRESS Silver South	Ma.	- 1111	V 1 1 1981	STRAR'S SIGNATURE THE	

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12	1.	FOR - STATE REGISTRAR			STATE OF MARYLAND T OF HEALTH AND MENTA ERTIFICATE OF DEATH		1	6 2 8	3
de 3		CEASED NAME PIRST	R		FRANK	26 DATE OF C	DEATH MONTH	DAY YEAR 26	HOUR 15
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red within 24 ompletely filled on 2 should		ATHER'S NAME VASILIOS		RANGIS		ILIKI	WIDDLE	UNKNO	
TIMORE to execute the execute to the execute the execu		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	578-48-16	-	SON P. FRANK		GARRISON INGTON,D.	
ST., BAL ertificate g physici oon popper removol.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	D BY:		TRITION			APPROXIMAT BETWEEN ONSI	E INTERVAL ET AND DEATH
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fal OR A y the hos Ral DIREC detoched detoched vote Dept.		22b. SIGNATURE	Varo		DEGREE ATTENDA PHYSICI		STAFF PHYSICIAN	6-3-	4
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₽₽ <u>₽₩3</u>		URIAL, CREMATION, REMOVAL SPECIFY) BURIAL	6/5/81	GATE	OF CEMETERY OR CREMAT		ON SPRING	TNOM	STATE MD.
DHMH - 16 50M 1/81 (VRA 15, 4)		ONERAL DIRECTOR FRANCIS				JUN 5 198		my Malre	dy

b .	1.	FOR - STATE	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 1	6282
	1.05	REGISTRAR CEASED NAME FIRST	WIDDLE	LAST	REG. NO.	
be 3 eoth		E OR PRINT) MARIA		FRANKEL	20 DATE OF DEATH MONTH	17 81 2:15A
100	3. SE		4. RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
(NA)		FEMALE	WHITE	JÜLY 5, 1920	60 YRS	MOTITIS DATS HOURS MIN.
The state of the s		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED XX	9 BALTIMORE CITY OR COUN	TY OF DEATH
1 11 201	_	MISSISSIPPI	U.S.A.	WIDOWED DIVORCED	MONTGOMERY CO	
De northern	1	ILVER SPRING	(IF NOT IN SUCH FACILITY, GIVE STREET, BEL PRE HEALTH (G HOME OR OTHER INSTITUTION ADDRESS) CARE CENTER	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING SECRETARY	126 KIND OF BUSINESS OR INDUSTRY U.S. GOVT.
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NDIR I or I or			tal) attended the deceased fram_	0/17 19_80		19
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OR he ho DIRE ochec Dept	1	22b. SIGNATURE	10 11	DEGREE	NEOLGA CALES	22c. DATE SIGNED
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O HOSPITAL etoined by t TO FUNERAL should be det with the Stote		1224 PHYSICIAN'S NAME (TYPES	Doloney MO	120 ADDRESS	lard St. Silv	er Springtid.
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DHMH - 16 50M 1/81 (VRA 15, 4)	24 FI	NAME DANZANSKY	-GOLDBERG ADDRESS RO	OCKVILLE, MD.	REGISTRARIZE REGI	STRAR'S SIGNATURE
	-	MEMORIAL CHAP	ELS, INC. 11/0 RI	OCKATETE LIVE 1		



STATE OF MARYLAND

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. 24		CEASED NAME FIRST	WIODLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR	
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1 TO	70. 0	IRTHPLACE (STATE OR FOREIGN TO COUNTRY)	CITIZEN OF WHAT COUNTRY? 8 MARR	IED - NEVER MARRIED -	BALTIMORE CITY OF		
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LAND 2 In 24 ho In filled is should be	130	STATE STATE	136 CITY OR TOWN Washington,	113d INSIDE CITY LIMITS?	30 STREET ADDRESS 420/ But	TER WORTH PLI	Vill
ARY with ad 2	1	FIRST MIDO	DIE D LAST	15. MOTHER'S MAIDEN NAM	MIODLE	LAST LAST	
E, MA	_	WAS DECEASED EVER IN U.S. ARMED	FORCES? 166. SOCIAL SECURITY NO	CARMFILE 17 INFORMANT	ADDRE:	Alpieri	
AOR ond oges		YES, NO OR UNKNOWN) (IF YES, GIVE WA	AR OR DATES)	Dr. John Galo	9201 Fal	l River Langue	
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beer beer ony i	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR WHICH OPERAT	ON WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FINDINGS USED	
has has	Ę				YES NO NO	IN CERTIFYING CAUSES OF DEATH YES \(\bigcap \) NO \(\bigcap \)	?
ronsit Hygie	CER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCURRE	- 44		_
YSICIAI ding ph buriol-tr Mentol I		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) =	HOUR A.M. MONTH DAY YEA P.M. 15	R			
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ADIA Se o se o eolth		22a I certify that (this hospital)	ottended the deceased from	6/8 19 81	, to 6/	12 19 81 thoy 10 (we	e) lost
TTEP pritola TTOR for L of H		sow the deceased alive on above (1) (we) (did) (did no) vie	ew the body after death	and that in (our) opinion de	eath occurred on the do	te and hour and from the couses state	
OR A DIRECTOR A DIRECTOR DEPT.		22 SIGNATURE	body oner deam.	DEGREE		22c. DATE SIGNED	
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0 a 0 d x x x	23a		3b. DATE 23c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	4	
BP		Burial.	June 17 1981 Calv	ary Cemetory	Patterson	Passiac N.	J.
DHMH - 16 50M 1/81	24 F		is J. Collins		REC'D. BY REGISTRAR		
(VRA 15, 4)	5		id. W. Silver Sprix	a. Md. JUN	1 5 1987	horry/Kalrody	

llowagement was Describer of the contract of the second of t TARTE SELECTION OF The John Calcatte Tologonia Talland June 17, 1911, Calvant Camadeny Passerson Passing M. L. Sept Suid 100 University Cold. W. Silver, Sesing W. Cold.

2	1 -	FOR STATE REGISTRAR	DEPARTA		EALTH AND MENTAL HYG	REG. NO	1 0	40	O
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(M)	3. SE)		RACE WHITE	5 DATE O		6. AGE (IN YEARS LAST BIRTHI		UNDER LYEAR IF UNDE	ER 24 HRS MIN
169	7a. B1	RTHPLACE (STATE OR FOREIGN 76 DUNTRY) NEW YORK	U.S.A.	8 MARRIE WIDOWE	D NEVER MARRIED DE	9 BALTIMORE CITY OR MONTGOI	COUNTY OF	DO .	MD.
Officed with	10 CI	ROCKVILLE	NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET NATIONAL LUTH	ADDRESS)	OR OTHER INSTITUTION HOME	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF CLERT CAL	WORKING LIFE)	126 KIND OF BUSIN INDUSTRY R-UNKNOWN	
must be	130 S	AL RESIDENCE (IF NUR HOMEORO) TATE MARYLAND BALT	THER INSTITUTION, GIVE RESIDENCE BEFORE 130 CITY OR TOW BALTIM	N	13d INSIDE CITY LIMITS?	13. STREET ADDRESS 3501-ST. F			
and 2 st and 2 st examine	14. FA	THER'S NAME SIGMUND	GARB		15. MOTHER'S MAIDEN NAM FIRST CLARA	AE MIDDLE	(GARB)	
S. Poges		VAS DECEASED EVER IN U.S. ARME ES, NO OR UNKNOWN) (IF YES, GIVE W NO NONE	AR OR DATES)		REV. DR. RICHA	addres RD REICHARD	ROCKV	TILLE, MD.	
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renthcot rental Hygien 18 s	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18, PART	I OR PART 2)	
os the bu	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET	CITY OR TOWN		COUNTY	STATE
cTOR: A lfor user of Heali		220.1 certify that (1) (this haspital saw the deceased alive on above, (1) (we) (did) (did not):		. oi	6-3/, 19/7-9 nd that is (my) (our) opinion o		e and hour on		(we) lost
by the has by the has ERAL DIREC e detached State Dept ANT: If Irem		22b. SIGNATURE	I dool	4)	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA		6-6-19	
TO HOSPITAL TO FUNERAL should be de with the State IMPORTANT:		22d, PHYSICIAN'S NAME (TYPE OR PI DR. THOMA		/	22e. ADDRESS 9701-VETRS 1	DR., ROCKVII	LE, MI).	
P	(BURIAL			EMETERY OR CREMATORY HILL CEMETERY	SULTLANI),	UNIY MARYÎ	TAISID
- 16 50M 1/76 A 15 (4))	24 FU	NAME HYSONG FUNERAL	HOME 1300 N St	.N.W.	Wash.D.	RECIDEN REGISTRAR	Ib REGISTRAF	R6 SIGNATURE	

STATE OF MARYLAND

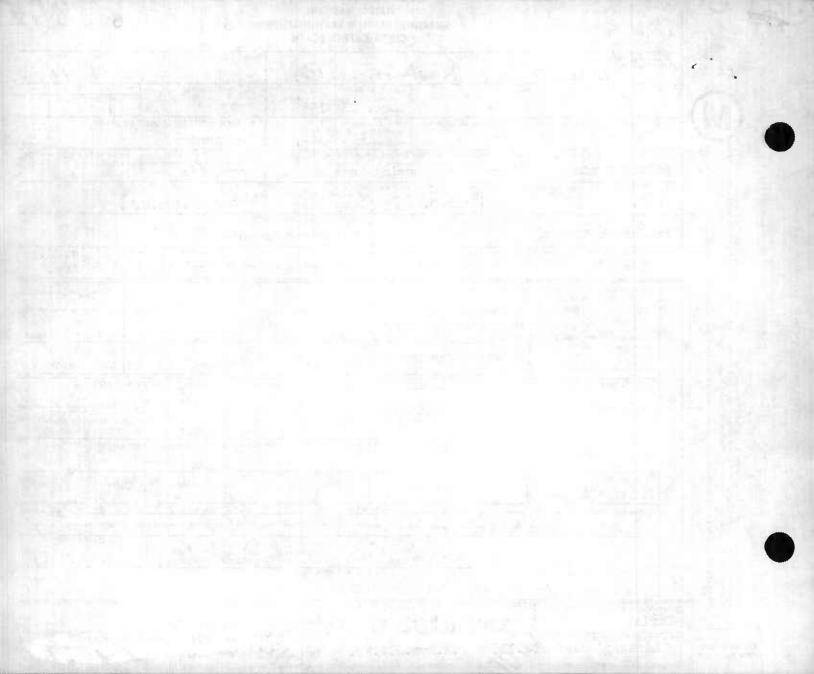
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STATE OF MARYLAND

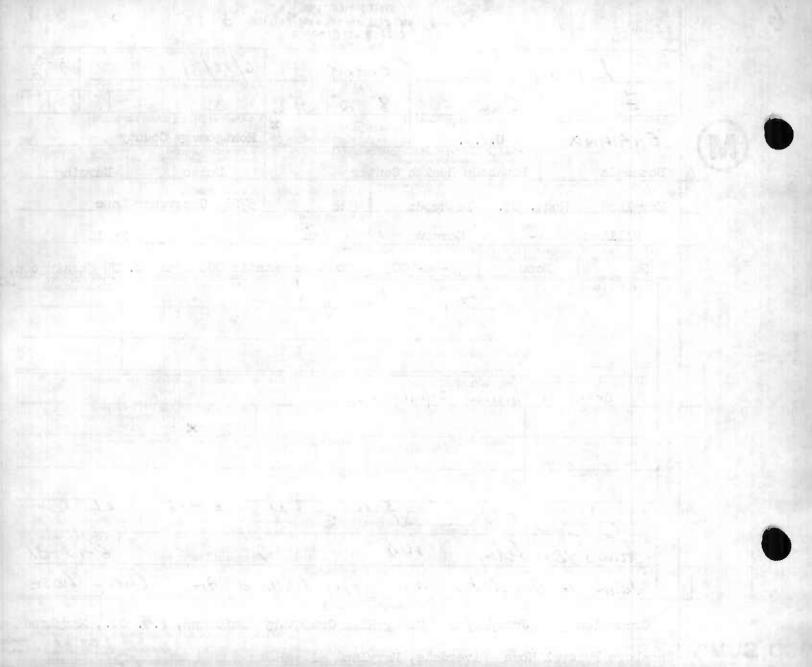
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4) 1/79



	1	FOR - STATE REGISTRAR		DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	1 6	288
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4 may b trer deat fter deate e.	3 SE	× J	1 RACE		S. DATE C	OF BIRTH OAY 92,	6. AGE (IN YEARS LAST BIRT	MONTHS YRS.	TYEAR IF UNDER 24 HRS. DAYS HOURS MIN
(ANT		IRTHPLACE (STATE OR FOREIGN OUNTRY) ENGLAND		WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED A	Montgomery		ATH
		Bethesda	(IF NOT IN SU	HOSPITAL, NURSIN CHEACUITY, GIVE STREET Sda. Healt	ADDRESS)	or other institution ter	120 USUAL OCCUPATI TYPE OF WORK FOR MOST O Nurse	F WORKING LIFE! INDI	KIND OF BUSINESS OF USTRY Nursing
of worthin 24 to distant falled in 1 2 should be fin	130	AL RESIDENCE IF NURSING HOME OF STATE 136 COU MARYLAND MON ATHER'S NAME FRIST	INTY	Bethesd:	N	134. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NAM		venor Lar	LAST
the magic			RMED FORCES?	Gerard 166 SOCIAL SECU- 578-48-		Ann 17 INFORMANT Ermest Dermat	ADDRE		
ne law requires that is been signed by the please reprior to burial, or was any injury, or	CATION	PART 2 OTHER SIGNIFICANT Organia	conditions of	in Syn	DEATH BUT	NOT RELATED TO THE TERM NOT WAS PERFORMED	INAL DISEASE OR CON	20b. IF YES, WERE	PART 1(a) FINDINGS USED AUSES OF DEATH?
NG PHYSICIAN: The law inding physician. Iter this certificate has been he burial-transit permit. The and Mental Hygiene prior and Mental Hygiene prior arked or Item 18 shows an arked or Item 18 shows an	AL CERTIFICATION	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	EATH HOUR A	OF INJURY M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	YES NO	YES 🗌	NO 🗆
DING PHY (tending ph After this c the burial th and Men marked or	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINES 216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY TREET, FACTORY, OFFICE,		21) LOCATION STREET	CITY OR TO	wn cou	NTY STATE
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by the hosp ERAL DIRI ERAL DORI State Dept.		226. SIGNATURE AMES LB 226. PHYSICIAN'S NAME (TYPE	or PRINT)	7 "	40	ATTENDING	MEDICAL STA	FF	6-13-31
TO HOSPITAL Tetained by the TO FUNERAL Should be detact with the State E IMPORTANT: I	730	James H. BURIAL, CREMATION, REMOVA	Brod	ky m		4701 Wille	23d LOCATION CITY OR TOWN	Cha	y Chase
LOBP		(SPECIFY) Cremation UNERAL DIRECTOR	June/:			Hill Crematory			Maryland
DHMH-16 25M (VRA 15, 4) 1/79	Cl	nambers Funeral	Home]		. Mar	vland JU	v 1 9 1981	perfry/	Ke Greedy



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STATE OF MARYLAND

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To Lennard Told

.bij Penton Street Silver Spring, Md.

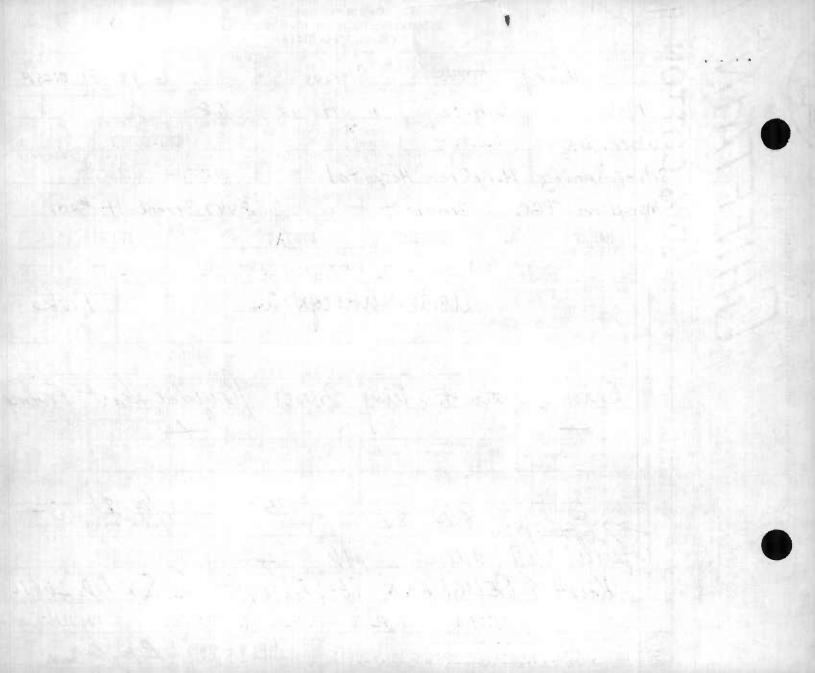
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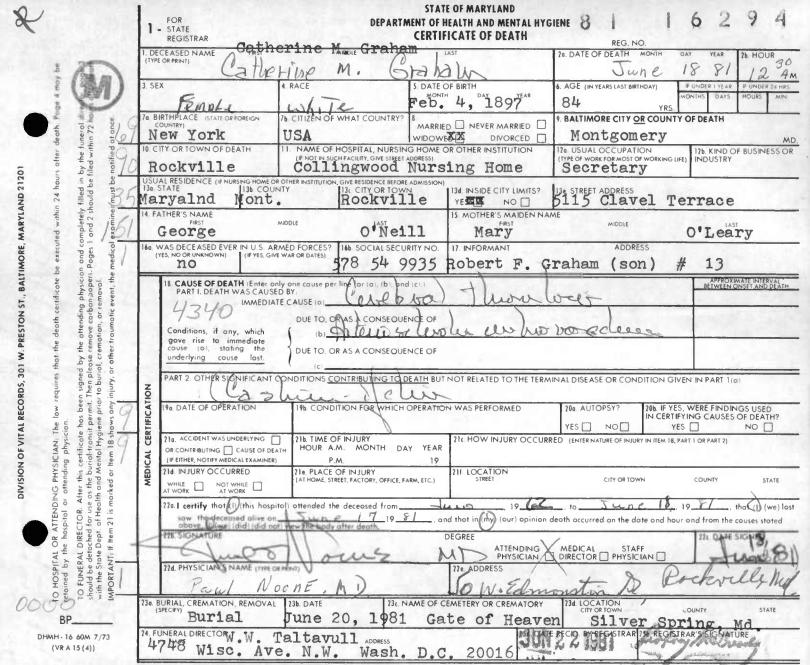
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FOR 1 - STAT				DEPART			MARYLAND H AND MEN		GIENE		1	6	2 9	2
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FOREIGN	LACE (STATE OF	2	76. CITIZEN OF W			8 MARR	RIED NEVE		A	BALTIMORE		COUNTY	OF DEATH	1 W M
10 CITY O	YORK R TOWN OF DI thesda	EATH	USA 11. NAME OF HOS Suburbe	SPITAL, NU	RSING HOME	, OR OTH		ON 1	2a. USUAL	occupation of working i	ON (TYPE O	F WORK 12	26. KIND OF BU OR INDUST	
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MAR 14. FATHER	YLAND	MONTO	ÖMERY	ROC	KVILLE		YEX			WESCO	TT PL	ACE	20850)
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TIFIC	DATE OF OPER			4.	WHICH OPER	ATION V	VAS PERFORM	ED?					20 AUTOPSY YES 🎮	° NO □
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9		1	STATE REGISTRAR	De		FICATE OF DEATH	REG.	NO.	0 64	
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ay be			Harr	4 THOMAS		Glorius	4	6 14	81	3:25 PM
	12	3. SE		A. RACE	5 DATE	OF BIRTH	6 AGE (IN YEARS LAST E	IRTHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
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9 0 0	4/1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	INTRY? 8	ED NEVER MARRIED	BALTIMORE CITY			
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	1		HARRY	A. GLO	RIUS	LYDIA	WIDDLE	P/	YNE LAST	
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VIT. T. I.N. T. Inysical	88.0	CER	31st ACCIDENT WAS UNDERLYING	The state of the s	H DAY YEAR	714. HOW INJURY OCC	URRED (SHISE WATURE OF NO	ulty and the act of the left	1 OF PART 25	
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OO I BP			SPECIFY AL	6/17/81		ND NATL MEM		=1	MARY	/ I ANTOTE
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(VRA 15, 4)	ы		O UNIV. BLVD. W	AD	DRESS		UN 1 5 1981	Rich	. Kol	
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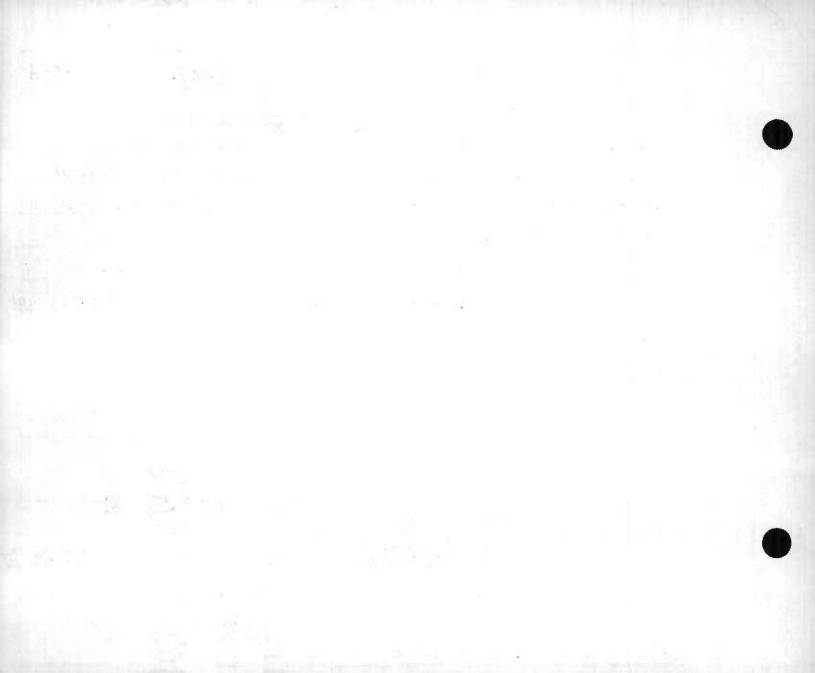
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	7	TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV. TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21;	72.0		TION, REMOVAL 12		les	ME OF CEMETERY	,		OCATION	JILVL	K SIKIN	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN DY (TYPE OR PRINT) ESTI-Charlotte GRIDLEY ERMA DEATH MATED June 14 ..81 3 SEX 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS 2d. F-211 DATE PRONOUNCED DEAD 7g. BIRTHPLACE (STATE OR CITIZEN OF WHAT 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Montanna U.S.A. Montgomery WIDOWED DIVORCED 2, AND 3 TO THE FU 3. RETAIN PAGE SHOULD BE FILED D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Montgomery General OR INDUSTRY Olney Hospital Houswife 3a STATE 13d INSIDE CITY LIMITS? 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME N MIDDLE FIRST FIRST Lincoln John Greenwood Margaret Brown 12721 Feldon Street 16b. SOCIAL SECURITY NO 7 INFORMAN (YES, NO. OR UNKNOWN) Doris Bryan Silver Spring, Md. 20906 No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY A BURIAL - TRANSIT Canditians, if any, which gave rise ta immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [DEPARTMENT 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YFAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME 21f LOCATION AT WORK AT WATER STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE TO MEDICAL EXAMINER: 17
EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PAFER BEATH, WITH THE SIT, BALTIMORE, MARYLAND, 2 220. I certify that I taak charge of the remains described above, held an Autapsy and in my apinian death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY) John S. Rogers 1919 Seminary Rd. Sil. Spr. Md. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY Metropolitan Crematory Alexandria 6-14-81 Virginia Cremation BP Tyson Wheeler Funeral Home, Inc 250 DATERECT BY ELEGISTRAP 35 REGISTRAP S SIGNATURE **DHMH-17** Rockville Pike Rockville, Md. 20852 (VR A15 ME (5) 15M 2/80

hword .0 dergard boowneed nienki ned-Books .AN .garings meyen signs of Se See ----John S. Porers 1929 Sections of the last terminal persons breaktion 5-14-% Hotroyeliben Transcory Alexandria windersty-Tyuon koolar Puneral Hore, Inc.



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noy be	1. DE (TYP)	CEASED NAME	₽H.	enry	OVCA	H C	insen)	20 DATE OF DEATH	MONTH I	26 HOUR 645 M		
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TO FUNERAL DIRECTOR: should be detached for us with the State Dept. of Hee MPORTANT: If Item 21 is a		220. I certify that (1) (this hospital) attended the deceased from											
TO FUNE should be with the	230 F	URIAL, CREMATION, RE	MOVAL	23b. DATE	1179	NAME OF C	831 a	MUCE	123d LOCATION	4,2	Sildo	rud	
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H - 16 50M 1/B1 VRA 15, 4)		NERAL DIRECTOR	T TT/	23/17 0	847 WTT.	001 5	TUD ADI	25a 6 444	BE D BY EG BIRAR	S REGISTI	RALSSIGNAT		

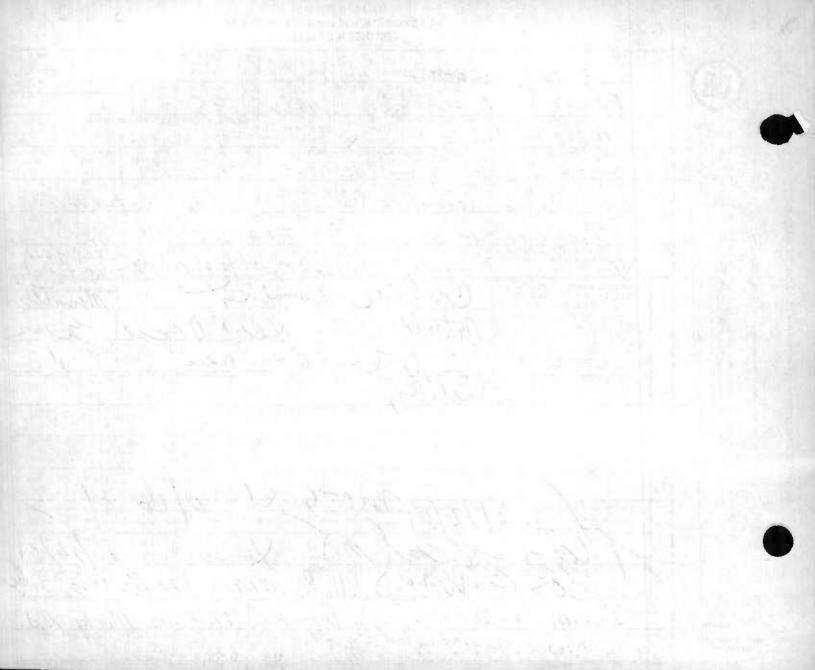
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STATE OF MARYLAND

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Sales de la constante de la co	II F	ATHER'S NAME FIRST WALTER	WIDOLE	HASTINGS	15 MOTHER'S MAIDEN NAM	WIDDIE WIDDIE	BOYER	,t					
TIMORE be exected an and a Pages			GIVE WAR OR DATES)	6. SOCIAL SECURITY NO. 268-14-8144	BEULAH E. CL	ADDRES UMBERLAND	SAME AS 13	SISTER					
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TAL OR y the hogy the hogy the hogher detocher hote Depth		226. SIGNATURE	(leas	ef m	_	MEDICAL STAFF	221. DATE	SIGNED					
TO HOSPITA reto ined by TO FUNERA should be do with the Sto	1	THE PHYSICIAN'S NAME ITYPE	GOPRINT)		10620	Ga Ave	Silven S	pu					
020 BP		BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	7/2/	81 PARK	EMETERY OR CREMATORY LAWN CEMETERY	23d LOCATION CITY OR TOWN ROCKVILL	E MONTGOM	IERY STATE MO					
CA DHMH-16 50M 1/B1 (VRA 15, 4)	24 F		NCIS J. CO D. W. SILV	LLINS. VER SPRING.MD	Min wa	REC'D. BY REGISTRAR	GISTRAR'S SIGNAT	URE					

Secretary and the second



100	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 REG. NO.										
		CEASED NAME FIRST		MIDDLE	i	AST		NONTH DAY	YEAR	2h HOUR			
by be 3 oge 3 death		WILLIAM		V .	HEA		06	07	81	12:45 ^P			
	3. SE	Male	Caucas	sian	5. DATE O	15 1905 AR	6 AGE (IN YEARS LAST BIRTH	MONTHS DATS HOUR					
22 hou	1	RTHPLACE (STATE OR FOREIGN COUNTRY) Irginia	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	NEVER MARRIED DIVORCED	BALTIMORE CITY OR COUNTY OF DEATH Montgomery						
rs ofter of the fulled with filed with		ockville	11. NAME OF Shady	HOSPITAL, NURSIN CHEACILITY, GIVE STREET Y Grove	ADDRESS) Adve	ntists	12a USUAL OCCUPATION UYPE OF WORK FOR MOST OF MECHANIC		12b. KIND O INDUSTRY Chem	F BUSINESS OR			
24 hour filled in lould be f	130.	AL RESIDENCE (IF NURSING HOME OF STATE ISSUED TYLAND MONTO	gomery	GIVE RESIDENCE BEFORE	sbur	134. INSIDE CITY LIMITS?	# 6 Oak	Avenue	9				
MARYLA ed within mplerely ond 2 sh		OMas	MIDDLE R.	Heath		15 MOTHER'S MAIDEN N Cordellia		kburn	LAS	Л			
Mond co	160	NAS DECEASED EVER IN U.S. AF	RMED FORCES?	16h SOCIAL SECU 224 01	7781	Helen Mod	Gaithersb re(daughter	irg 1	Md. 2 Dak A	20760 ve.			
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ALECORDS ALCORDS The law requirence on the bos been significant to the ene prior to the own somy injury	CERTIFICATION	19a. DATE OF OPERATION	19b. COND	OF DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN	VERE FINDING CAUSES	NGS USED OF DEATH? NO			
SION OF VITY COLL CO PHYSICIAN A ending physicians this certificole e buriol-transi of Mentol Hyg d or frem 18 sh	MEDICAL CER	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETTHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P. P. PLACE	DE INJURY .M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE F	19	216 HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY		OR PART 2)	STATE			
ATTENDING or other or or other or or other or or or other or	~	WHILE NOT WHILE AT WORK 220 1 certify that (1) (this trosp saw the deceased olive or abave, (1) (we) (did) (did to 22b. SIGNATURE	16	5 19			on death occurred on the date	, 19, e ond hour or					
by the h ERAL DIR e detache Stote Dep	1	224 PHYSICIAN'S NAME (TYPE	TIMISE SC	er		DEGREE ATTENDING PHYSICIAN 1778 ADDRESS	MEDICAL STAFF		22c. DATE	2/1/			
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010	230_1	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		30 10		EMETERY OR CREMATOR	CITY OF TOWN	T.7	OUNTY	STATE			
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n DHMH - 16 50M 1/81 (VRA 15, 4)		earson's Fund	eral Ho	ADDRESS DMe Fall	s Ch		9 1981	The sales	1	7			

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20	1	FOR - STATE REGISTRAR	DEPAR	TMENT OF H	E OF MARYLAND BEALTH AND MENTAL HYGI ICATE OF DEATH	REG. NO.	1 6	301			
y be		CEASED NAME PH	IILIP MIDDLE	H	HELMAN	20. DATE OF DEATH M	6 - 14	1-81 8 PM			
oge 4 mo	3 SE	× MALE	WHITE	5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRTH	MON YRS.	INDER I YEAR IF UNDER 24 HRS			
de orth. Po		IRTHPLACE (STATE OR FOREIGN COUNTRY) MASSACHUSETTS	76 CITIZEN OF WHAT COUNTRY	MARRIE	DIVORCED		gone				
by the filled with	10. C	Bethesda	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE		HOSPITAL	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Y ACCOUNTAN	WORKING LIFE	126 KIND OF BUSINESS OR INDUSTRY SELF EMPLOYED			
, BALTIMORE, MARYLAND 2120 icate be executed within 24 hours hysician and completely filled in by papers. Pages 1 and 2 should be fill oval. ont, the medical exeminer myst be as	-	SSACHUSETTS MID		V - 1	YES NO	13e STREET ADDRESS 293 TURNP	IKE RO	AD			
maryt, maryt ted within and 2 s		SAMUEL SAMUEL	MIDDLE HELMAN		PAULINE	MIDDLE		SONDLICK			
be execution and construction and constr	160	MAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? IVE WAR OR DATES) 16b SOCIAL SEC 022-10		DAVID HELMA	N, 562 EDWA		ODENTON, IVE, MARYLAND			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALING PHYSICIAN. The law requires that the death certificate oftending physician. The this certificate has been signed by the attending physicial as the burial-transit permit. Then please remave carbon paper than demanal Hygiene prior to burial, cremotion, or removal, as the burial shows any injury, or other traumatic event, the stream of the traumatic event, the stream of the stream		PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF THE (b) MYOCARDIAL FNFARCTIONS 13 days and								
that the by the ease remain of, cremain or other tr	100	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEO	UENCE OF	TERY DISK	ASE					
ORDS, 26 requires sen signe t. Then pl or to burn y injury, 0	TION	No	CONDITIONS CONTRIBUTING TO								
TAL REC The low cion. The hos be sign permit giene primalshows on	CERTIFICATION	NONE		ONE		YES NO	IN CERTIFYIN	ERE FINDINGS USED IG CAUSES OF DEATH? N/A NO []			
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DIVISIO ING PHY offer this as the but th and M	MED	214 INJURY OCCURRED WHILE OF NOT WHILE NOT WORK NOT WORK	110 PLACE OF INJURY LAT HOME STREET FACTORY, OFFICE	FARM ETC)	<u> </u>	1A CITY OR TOWN		COUNTY STATE			
ATTENDI Ispital or CTOR: A I for use		saw the deceased alive an abave, (I) (444	oital) attended the deceased from 19. 19. 19. 19. 19.	81 0	d that in (my) aprinion d		, ,,	that (I) (lost lost ad from the causes stated			
TAL OR y y the ho RAL DIRE detached ofe Dept		226. SIGNATURE N. S	Schulman	, ,	ATTENDING PHYSICIAN	MEDICAL STAFF	ĭn □	6/14/81			
HOSPII oined by FUNER ould be the the St	2	ALAN N.	SCHULMAN,	M.D.	SUTTE 404	5 MEDICAL ; ROCKVI		MD. 20850			

DHMH - 16 50M 1/81 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL BURIAL

	1.	FOR - STATE REGISTRAR			DEPART	MENT OF H	OF MARYLA EALTH AND M CATE OF DI	ENTAL HYG	ENE 8 REG.	NO.	6 3	0 8
, a = 1		CEASED NAME E OR PRINT)	rirst Berna		A.		mon	\circ	20 DATE OF DEATH	month o	AY YEAR	10:48 PM
9e 4 mo	3 SE	male		RACE CCUCC	asian	5. DATE O	F BIRTH	YEAR 98	6. AGE (IN YEARS LAST		ONTHS DAYS	IF UNDER 24 HRS HOURS MIN
deoth. Po		RTHPLACE (STATE OR FO COUNTRY) EW York			States	8. MARRIED WIDOWE	NEVER M	ARRIED ORCED	9 BALTIMORE CITY Montg	7	OF DEATH	MD.
s offer of the full of the ful	K	ockville		(IFNOT IN SUC		ADDRESS)		TUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS			F BUSINESS OR
TLAND 2120 thin 24 hours ely filled in by 2 should be fille		AL RESIDENCE (IF NURSING STATE	Montg		GIVE RESIDENCE BEFOR 13c. CITY OR TOW ROCKVII		13d. INSIDE CIT YES 🛣		13e. STREET ADDRES	S	ot.#204	
omplet and		ATHER'S NAME FIRST	UNKNO	MN	LAST		Sophi	MAIDEN NAA IRST e	MIDDLE	Robi	iniwi tz	т
be execu		VAS DECEASED EVER II YES, NO OR UNKNOWN) YES	N U.S. ARME (IF YES, GIVE W WWI		166 SOCIAL SECT		Anna S		ann (Same	as 13e		
ires that the death certifications by, you are trained by the attending phyin please remave carbon pay bural, cremation, or removity, or other traumotic event.	7	18 CAUSE OF DEATH PART I. DEATH WA Conditions, if ony, gove rise to imm couse (o), stating underlying cause PART 2. OTHER SIGN	which (ediate) the lost.	DUE TO, OI (b) DUE TO, OI (c)	RAS A CONSEQUER AS A CONSEGUE	ENCE OF SERVICE OF SER	resour (R) es	reten Lym Lym	shong	Sa/	2-3 7-6	days unday
AN: The low requirements of the second of th	CERTIFICATION	19a DATE OF OPERATION OF THE PROPERTY OF THE P	RLYING	Ma.	FINJURY	- Qua	WAS PERFOR	PH	YES NOTED (ENTER NATURE OF IN	IN CERTIFY YES	WERE FINDIN	OS USED OF DEATH? NO
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TO HOSPITAL OR ATTEN retained by the hospital TO FUNERAL DIRECTOR should be detached for u with the Stote Dept. of Hr MORTANT; if them 21 is		agw the Secessary above (I) (words 27b. SIGNATURE) 22d. PHYSICIAN'S NAI	-0	- 8	CUEV TV	/	EGREE	TENDING HYSICIAN	INTRECTOR PHYS	AFF	ond from the condition of the following the	
BP		BURIAL, CREMATION, R SPECIFY BURIAL UNERAL DIRECTOR R NAME P.A.,	obert	1, 198 A. Pun	Ga Ga	te of Funera	METERY OR CO Heaven 1 Homes	Cem.	23d LOCATION CITY OF TOWN SILVER REC'D. BY REGISTRUN 1 5 198	Springe		Maryland

and the state of t (at an met) meets I ami the value in the part Cobert Cumphrey's Function Come billy are coming the community of the comm F.A. Codylle, Maryland

H	FOR STATE REGISTRAR	DEPARTMENT OF HEALT	THAND MENTAL HYGIENE REG N	6309
50 40 8 1	1. DECEASED NAME FIRST (TYPE OR PRINT) NICHO	DLAS (NMN) HE		MONTH DAY YEAR 26 HOUR
ARY, PLEASE	3. SEX 4. RACE WHITE	May 4, 1925 56 rgs.	NTHS DAYS HOURS MIN: PRONOUNCED DEAD	one 27 19 1 Am
AV IS NECESSARY, THE FUNERAL DIFFERENCE SOIT WERESTERN PRESTUR.	70. BIRTHPLACE ISTATE OR FOREIGN COUNTRY Maryland	U.S.A. WIDO	RRIED A NEVER MARRIED LA	GEOUNTY OF DEATH GENTLEY MD.
BALTIMORE, MD. 21201 URS AFTER DEATH. IF ANY DELAY IS NOT THE FIGURE PAGES 1. 2. AND 3 TO THE FI WITH FORM PM. 3. RETAIN PAGE 5 TI. PAGES 1 AND 2 SHOULD BE FILED, DIVISION OF WITH RECORDS, 201 M.	Gaithersburg	11. NAME OF HOSPITAL, NÜRSING HOME, OR O SI'N HOT IN SUCH FACILITY, GIVE STREET ADDRESS) SI ASILY GROVE ASILVENT	THER INSTITUTION 12 USUAL OCCUPATION ITY FOR THE WEB TO BE THE TOTAL TO	P.E.P. Co.
SHOULD I RECORD	Maryland Mor	AE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) UNITY IT GOMERY TAKOMA TAKOMA TAKOMA	13d. INSIDE (ITY LIMITS? YES № NO □ 6812 10 Aver	nue
DEATH. IF GESTIA. 18. AND. 3. AND 2. S. AND 2. S. OF ALTAL	Nicholas	Hernick	TS MOTHER'S MAIDEN NAME Pauline MIDDLE	Unknown
BALTIMA S AFTER GIVE PA ITH FOR ITH FOR IVISION		ARMED FORCES? NE WAR OR DATES) 220 20 5395 anly ane couse per line for (o), (b), and (c).	17. INFORMANT ADDRES Catherine K. Hernick St	>.7
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEAY EXECUTE THE CERTIFICATE, WRITING THE WORD, "PENDING" IN PENCIL IN 1TEM 18, GIVE PAGES PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM P. TO FUNERAL DIRECTOR: PAGES 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES I AN AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF MEALTMORE, MARYLAND, 21201 PRIQR TO BURIAL, CREMATION, OR REMOVAL.	Canditions, if ony, white gave rise to immedia cause (a) stating the <u>underlying cause last.</u> PART 2 DTHER SIGNIFICANT CONDITIO	the Due to, or as a consequence of (b) Traving. Au	to. Accident	(3//n = -
DIVISION OF VITAL REC S. CERTIFICATE SHOULD B RATING THE WORD "PEN RDED TO THE CHIEF MA PER 3 SHOULD BE USED A PER STREAM OF HEAD SOI PRIOR TO BURRAL, CA	190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE O 21d INJURY OCCURRED WHILE AT WORK AT WORK	OF DEATH 11 P.M. 6 26 1981 F	HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM TO 2 Senger induition freed on LOCATION STREET LOCATION STREET LOCATION CITY OR TOWN CITY OF TOWN CITY OF TOWN LOCATION CITY OR TOWN LOCATION CITY OR TOWN LOCATION CITY OR TOWN LOCATION CITY OR TOWN LOCATION LOCATION CITY OR TOWN LOCATION CITY OR TOWN LOCATION CITY OR TOWN LOCATION LOCAT	Collision .
MEDICAL EXAMINER: THI CUTE THE CERTIFICATE, W SE 4 SHOULD BE FORWA SE 4 SHOULD BE FORWA FRUNERAL DIRECTOR: PAR FRUNERAL WITH THE STA- TIMORE, MARYLAND, 215	22a Certily that I took cha death resulted fram: No ACTUAL SIGNATURE	orge of the remoins described obove, held on Autosturol causes , Accident , Suicide , Suicide , Suicide , Shall , M.D.		DATE SIGNED 27.1981
Bb	238. BURIAL, CREMATION, REMOVAL Burial	6/30/81 Gate of Hea	or CREMATORY 134 LOCATION (Ven Cemetery Silver Springer)	9
DHMH - 17 (VR A15 ME (5)) 15M 2/80	Francis Gasch's Hyattsville,	Sons Funeral Home, P.A. Maryland	250. DATE REC'D. BY REGISTRAR 256. REG	GISTRAR'S SIGNATURE

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			STATE OF MARYLAND		2 1 0
1			OF HEALTH AND MENTAL H	IY GENEL) 3 0
-			RTIFICATE OF DEATH		
100	DECEASED NAME First (Type or print)	Middle	Lost	2a. DATE OF DEATH Month Day	2b. HOUR
18 1	Jehn	M.	Higgins	June 22	1981 4 30M
3.	SEX	4. RACE	S. DATE OF BIRTH	I D AGE IID VEORS	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
070	Male	White	Dec. 18, 190		MINITED THE PROPERTY OF THE PR
		7b. CITIZEN OF WHAT COUNTRY?	WAKKIED THE MENT WINDER	9. COUNTY OF DEATH	
0	Onle	U.S.A.	WIDOWED DIVORCED	Mentgemery	Md.
00	Gaithersburg	give street oddress) Darn	estewn Rd. during mo	L OCCUPATION (Kind of wark done ost of working life, even if retired.) d Contractor	12b. KIND OF BUSINESS OR INDUSTRY Construction
35 od	a. USUAL RESIDENCE (Where decease missian) STATE Md.	d lived, if institution: Residence before 13b. COUNTY 13b. Tion tgemery	13c. CITY OR TOWN 13d. INSIDE CITY LIV	MITS? 13e. STREET AND NUMBER 11910 Darmes	stewn Rd.
14	FATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN NAME F	rst Middle	Last
50	Joseph	Taylor Higgi	ns Ma	ry -	German
	oo. WAS DECEASED EVER IN U.S. ARMI (Yes, na, or unknown) (If yes give wo	r or dates of service)		11910 Darne	w. Md. 20760
event,	18. CAUSE OF DEATH (Enter only	ane cause per line for (a), (b), and (c).			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
À	PART I. DEATH WAS CAUSED	E (AUSE (a) Acute My	ecardial Infarction	1	2-3415
o ui pub	Conditions, if ony, which gave rise to immediate cause (a),	(0)	ascular Disease		2-17/1
, remdvai,	stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF (c)	010		2-3715
97 70	PART 2. OTHER SIGNIFICANT COND		OT RELATED TO THE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART I(a)	
		Alcehel			
Septience and a septiment of the septime	19a. DATE OF OPERATION 19b. (ONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY? YES NO X	20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
C MEDICAL CE	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. Month Day Yeor r) P.M. 19		nature of injury in Part 1 or Part 2,	Item 18.)
¥	While Not while at work		TORY.) 21f. LOCATION Street or R.F.D. No.		County State
Нудіеле	220. I certify that (I) (this saw the deceosed oli causes stated abave,	thospital) attended the deceose ve an <u>June</u> 1 (I) (we) (did) (did not) view the	od from, 19 9. <mark>81_, ond thot in (my) (our) opin pody ofter deoth.</mark>	nion death occurred on the do	81 , that (1) (we) last the ond hour and from the
ond Mental	22b. SIGNATURE	fin	DEGREE PHYS. M	ED CTACC (TA	DATE SIGNED INC. 24, 181
th ond	22d. PHYSICIAN'S NAME (Type) Rona	ld E. Greger, M.D.	22e. ADDRESS Quir 12105 De	nce Orchard Med.	Center thersburg Md.
9	The second secon	5/25/181 Parkla	cemetery or crematory wn Cemetery	23d. LOCATION (City or Town) Rockville, Mor	(County) (State)
1/71 30M 24 1 A15 (4))	Gartner Sandison	n F. H. Gaithersbu	amond Ave., 250 July DATE	REGISTRAR 2 2Sb REGISTRAR'S	SIGNATURE

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9 1 1 and the second of the call the first that is the fill and the first ABILLA THE STATE OF SECURE SHEET, THE SECURE SECTION OF SECURE SHEET,

	Ι,	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 6 3 1 3
	1.	- STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.
ф ф		ECEASED NAME FIRST MIDDLE LAST LOST EDNA MONTH DAY YEAR 20 HOUR PEORPRINTS EDNA MONTH DAY YEAR 10'S
e 4 moy b ctar, page s after deo'	3. SE	FEMALE WHITE S. DATE OF BIRTH AND YEAR OF GREEN YEAR SLAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24
	70. B	SIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH
		WIDOWED DOWNCED DOWNCED 120 WIDOWED TOWNCED 120 WIDOWED TOWN OF THE PROPERTY O
24 havrs filled in b buld be fil	13a.	JAL RESIDENCE (IF NUR 10 OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) STATE 134. CITY OR TOWN 134. INSIDE CITY LIMITS? YES IN 0 5415 Conn. Ave. N.W.
mpletely and 2 sho	14. F	ATHER'S NAME FREST Franklin V. Hillyard IS. MOTHER'S MAIDEN NAME FREST Mary Jane Riley LAST
e execute n and con Pages 1 c	16a \	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 166. SOCIAL SECURITY NO. 17 INFORMANT 2305 Sherbrooke Way Rockvile
rtificote by physicion on popers. emovol.		18 CAUSE OF DEATH (Enter only one couse per live for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: APPROXIMATE INTERV. BETWEEN ONSET AND DEATH WAS CAUSED BY:
e deoth cert ottending p nove corbon atian, or rer froumatic ev		4360 DUE TO, OR AS A CONSEQUENCE OF LANDING TO THE TOTAL OF THE PROPERTY OF TH
the ere		Conditions, if ony, which gove rise to immediate couse (a), stoting the puerto or as a consequence of underlying couse lost.
vires that signed by nen pleose o buriol, cr oury, ar oth	z	PART 2. OTHER SECRETARY CONDITIONS CONTRIBUTING TO PEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG.
os been os been priart. The priart is any in	CERTIFICATION	19s. DATE OF OPERATION 19s. CONDITION FOR WHICH OPERATION WAS PERFORMED 25s. AUTOPSY? 20s. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH
SICIAN: The og physicial certificate hidd-transit entol Hygie entol Hygie		21g. ACCIDENT WAS UNDERLYING
HY dir	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STA
NDING P I or offer R: After the use as the ealth and		22a.l certify that (I) (this haspital) attended the deceased from 19 10, to 10/28 1981, that (I) (was
R ATTER hospito RECTOR red for ept. of H		sow the deceased alive an above (I) (we) did (did not) view the body alter death. 226, SIGNA URE 226, DATE SIGNED
HOSPITAL Oned by the FUNERAL DId be detact the Stote Do t		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 6/28/8 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22d. ADDRESS
O HOSPITAL TO FUNERAL should be det with the Stote		J. Blaine Fitzgerald, M.D. 8218 Wisc. Ave. Bethesda, Md.
BP		Burial 23b. Date 23c Name of Cemeter of Ceme
DHMH-16 30M 2/80 (VRA 15, 4)	24 F	FUNERAL DIRECTOR W.W. Taltavull 4748 Wisc. Ave. N.W. ADDRESS Wash. D.C. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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Wash. D.C. T F415 Conn. Ave. ...

Franklin . Hillyard fary Jane Liley

1305 Commonde Vey

no 574 03 Este Hills J. John J. Rocvi

J. Phine Sitemereld, M.g. 8218 Mac. Ave. Cotroede, Mi.

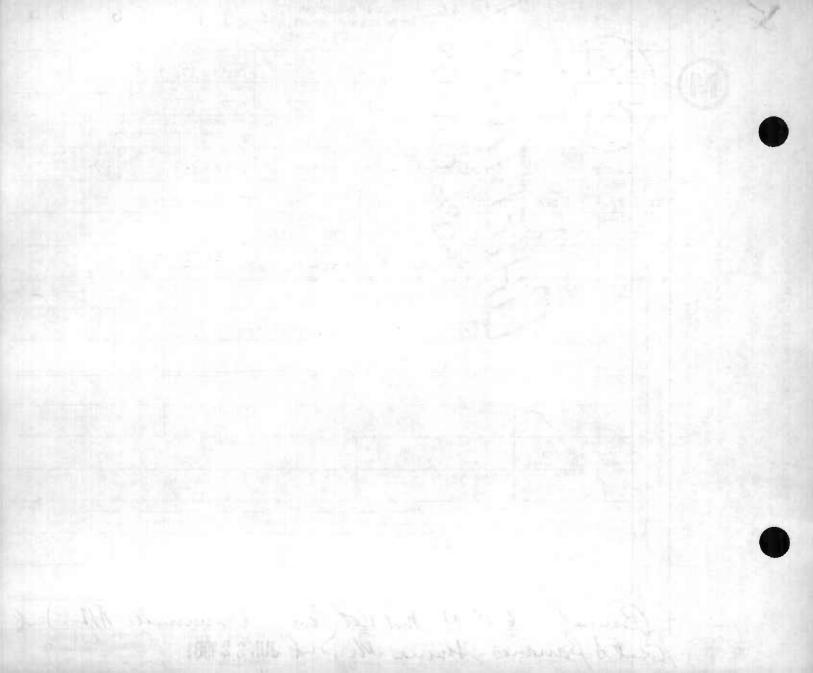
unial July 1, 1981 Mt. Olivet Senington, D.C.

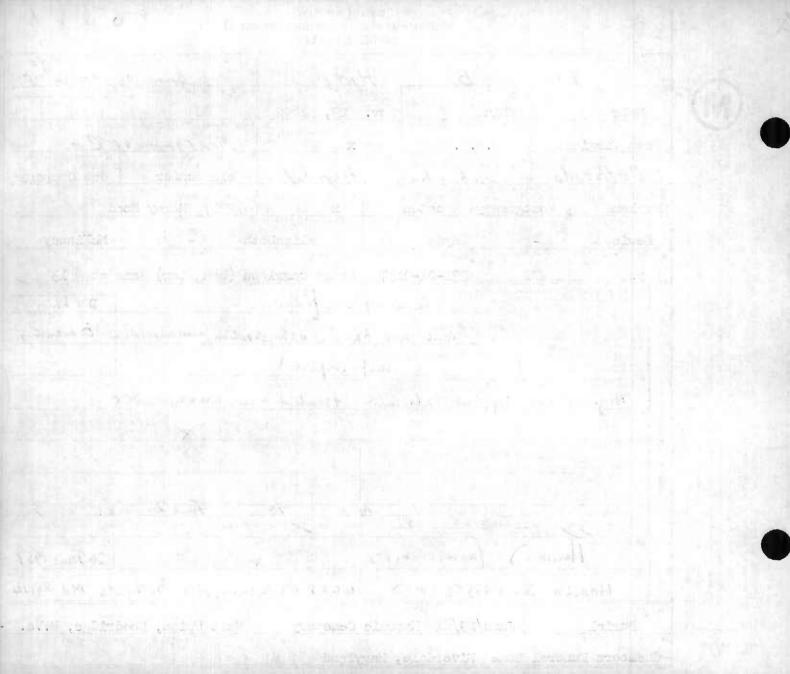
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2	(TYPE	CEASED NAME OR PRINT) ELEANO	FIRST		DDLE	L	Šī	June 17.	1981	AY YEAR	26 HOUR 0604 a
(机/ ()	3 SEX	-		RACE		S. DATE C	C DIDTH	6. AGE (IN YEARS LAST E		IF UNDER I YEAR	IF UNDER 24 HRS
AAI		'emale		Caucasia	n		29, 1924 YEAR	57		ONIHS DATS	HOURS MIN
hour hour		RTHPLACE (STATE OR F	OREIGN 76	CITIZEN OF W	HAT COUNTRY	8	X NEVER MARRIED	9. BALTIMORE CITY		OF DEATH	
nero in 72	S	. Carolina	. \t	J.S.		WIDOWE		TOTAL SECURITION AND ADDRESS OF THE PARTY OF	RY COUN	ΙΥ	N
thin belief		TY OR TOWN OF DEA Sethesda		1. NAME OF HO (IF NOT IN SUCH I Vational	SPITAL, NURSI ACILITY, GIVE STREE Naval	NG HOME C TADDRESS) MEDICE	1 Center	12a USUAL OCCUPA (TYPE OF WORK FOR MOST Housewife	TION OF WORKING LIFE	12b. KIND (INDUSTRY N/A	OF BUSINESS O
onld be	13a. S	AL RESIDENCE (IF NURSI STATE Yland	HU COUNT	rundel	ve residence befor By CITY OR TOV Severna	Park	13d. INSIDE CITY LIMITS?	13 STREET ADDRESS	rive		
020		THER'S NAME CAN	FIELD	DDLE	LAST		15. MOTHER'S MAIDEN N Ruth BELL	MIDDLE		LA	51
2 medicol	160 V	VAS DECEASED EVER (ES. NO OR UNKNO WN)			66 SOCIAL SEC 48–28–8		Jerome M. H	17 Řív Jghes Severn	er Drivia Park	ve , Md.	
burial. cremation, or r ury, or other troumatic	7	Conditions, if ony, gove rise to imm couse 101, statum underlying cause	nediate g the last	$\left\{ \begin{array}{c} \text{(b)} \ \underline{L}\underline{I} \\ \text{DUE TO, OR, } \\ \text{(c)} \ \underline{P} \end{array} \right.$	as a conseou ANCREAT	OR PA	NCREATIC BIO		ndition give	N IN PART 1	a,
ene prior to ows ony inju	CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDITI	ON FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	WERE FINDI	
entol Hygie frem 18 sho		21a. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH	21b. TIME OF HOUR A.M	MONTH D	AY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF IN			
th and Me orked or It	MEDICAL	21d. INJURY OCCURR WHILE NOT WH AT WORK AT WOR	ED	21e PLACE OF	INJURY T. FACTORY OFFICE.	FARM ETC)	211. LOCATION STREET	CITY OR	NWOI	COUNTY	STATE
toched for use Dept. of Heol If Item 21 is m		220.1 certify that (1) sow the decease above, (1) (we) (d	(this hospitol		19_	, ar	d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	MEDICAL ST	date and hour	and from the	that (I) (we) lose couses stated
should be de with the Stote		22d PHYSICIAN'S NA Mark D. B	11				22e ADDRESS				15,18

DHMH - 16 50M 1/B1 (VRA 15, 4)



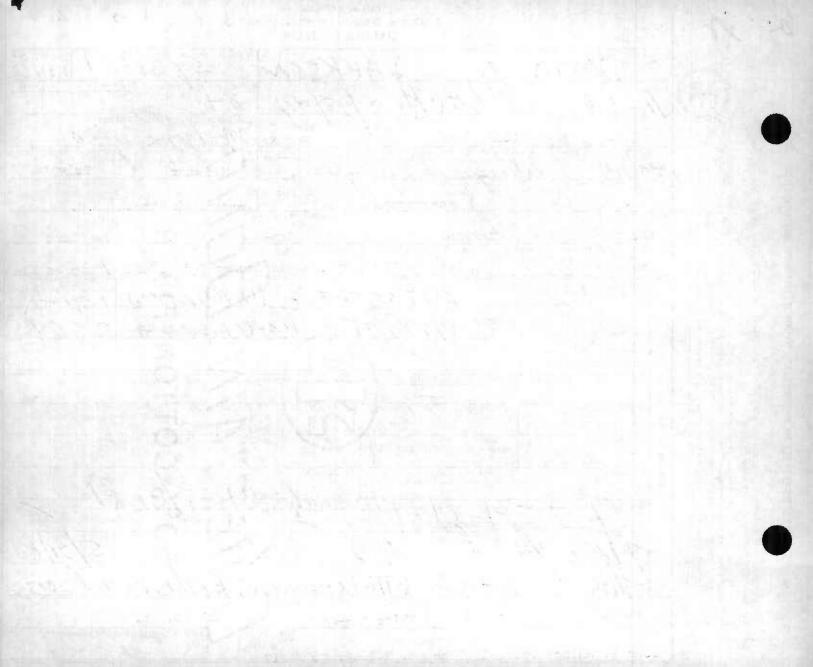


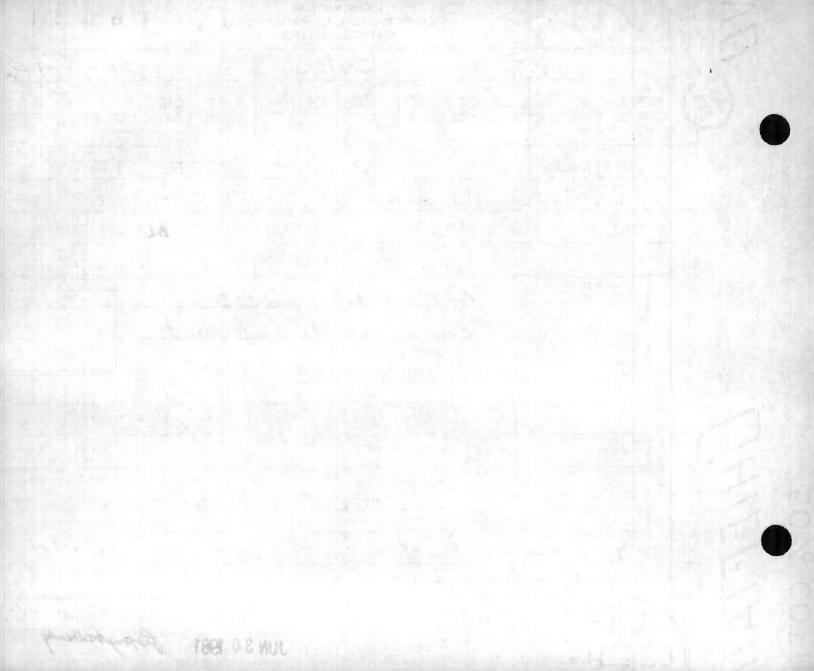
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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3	1,	FOR - STATE	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYGI	ENE 8 1 1	6 3 2 0
1.		REGISTRAR		IFICATE OF DEATH	REG. NO,	
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rol dire	76 B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	F 707 7	D NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
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rtificate g physici encoper event, th			nly one couse per fine for (a), (b), and (c).) D BY: TE CAUSE (a)	TATIE (ARCINOMA	BETWEEN ONSET AND DEATH
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DING PHYSICI, or otherhing properties certificate to see the buriotic of the morked or them	MEDIC.	(IF EITHER NOTIFY MEDICAL EXAMINER	2) P.M. 39 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION	, citr or to y	COUNTY, STATE
DING to other of the or other of the or the	2	WHILE NOT WHILE AT WORK	tell attended the decigased frage.	MARAGE	8/ 5/31	8/
TTEN Pitol TOR: for us		sow the deceased office on above the (we) (did to)	-(1)(1)	and that in (my) (aut) opinion d	eath occurred on the date and hour	ond from the couses stoted
TAI OR A y the hosp y the hosp detached detached tote Dept.		17h SURVETURE	want as	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	S 31/8
OSPI ed b UNE d be ithe S		THE PHYS CIAN'S NAME INTE O	PRINTINAR DELL	22e. ADDRESS	Butter D.	2/3000
TO HO retoined should with th	73a	BURIAL, CREMATION, REMOVAL	236. DATE 23c. NAME OF	CEMETERY OR CREMATORY	() 124 /h/5 VA	1, WX 70133
BP		SPEBurial		Chape1	Buck Co, Pa.	COUNTY STATE
	24 F	UNERAL DIRECTOR	ADDRESS	250. DATE	REC'D. BY REGISTRAR 256 REGIST	RAR'S SIGNATURE





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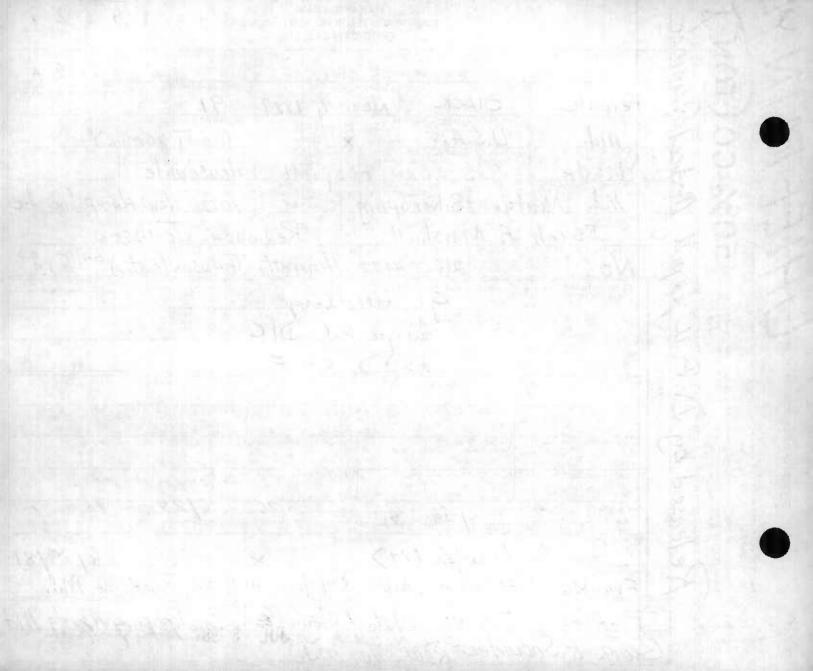
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The following the work would be to be the Brand and Administra



REG. NO. 1. DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY	
1. DECEASED NAME FIRST MIDDLE 1AST 20 DATE OF DEATH MONTH DAY (TYPE OF PRINT) MARY E. JONES 6 29	YEAR 26 HOUR 8 A M
Female Black Nov. 9, 1889 91 YRS.	ER LYEAR IF UNDER 24 HRS. DAYS HOURS MIN.
COUNTRY Md. U.S.A. MARRIED NEVER MARRIED MONT GOMER WIDOWED DIVORCED MONT GOMER 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 120	MD.
(IF NOT IN SUCH FACILITY, GIVESTREET ADDRESS) (IF NOT IN SUCH FACILITY, GIVESTREET ADDRESS) (IT YEE OF WORK FOR MOSE OF WOR	DUSTRY
MA. MONTG: SINEY SPYING YES NO 10120 NEW HAM	npshire Ave
WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS. 1985 NOTOR JINKNOWN) (IF YES, GIVE WAR OR DATES) 218-30-4472 Henrietta Johnson (Sister)	SAME AS
	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN	PART I:a
IN CERTIFYING (E FINDINGS USED CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	NO
WHILE NOT WHILE AT WORK AT WORK	DUNTY STATE
220. I certify that (I) (this popital) attended the deceased from	ram the causes stated
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA	6/29/81
230 BURIAL, CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETERY OR CREMATORS 211 LOCATION	e, Mái
DHAH-1650M 1/BI (VRA 15, 4)	HOMES III



2	1,	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	16330
(M)		REGISTRAR CEASED NAME FIRST FOR PRINT)	CERTIFICATE OF DEATH REG. NO Marie Karlsven 1. RACE 1. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRT)	MONTH DAY YEAR 26 HOUR 7:30 AM
deoth. Page rr funeral direct thin 72 hours all		Fonde IRTHPLACE ALLE OFFOREIGN COUNTRY ALLE DAMA	WHITE 10 10 10 10 10 10 10 10 10 1	MONTHS DATS HOURS MIN.
d ke	1 Ta	ITY OR TOWN OF DEATH LANGE PARK AL RESIDENCE (IF NURSING HOME OF STATE. 1136 COU	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR OTHER INSTITUTION GIVE & SIDENCE BEFORE ADMISSION)	12b KIND OF BUSINESS OR INDUSTRIONE
RE, MARYLAND 2 ecuted within 24 h d completely filled es 1 and 2 should k icohexaminer must	74 F	NOL. Modername FIRST OSCAR, F	MIDDLE GOGGES? 166 SOCIAL SECURITY NO. 17, INFORMANT ADDRESS NOTE 705/Correct 15. MOTHER'S MAIDEN NAME FIRST Carlie M. ADDRES ADDRESS ADDRE	Bernette
ST., BALTIMOR striftcote be exect to physician and conpopers. Pages remanol. event, the medic		YES, NO OR UNKNOWN) (IF YES W	WITT 263-16 4208 Paul R. Karlsven PO Box	
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TAL RECORDS, The low require ticion. The thos been sign rate hos been sign sist permit. Then glicine permit. Then	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO []
SION OF VITAL RE PHYSICIAN: The lo ending physicion. this certificate hos I the buriol-tronsis per ad Mental Hygiene per did Mental Hygiene	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 210. HOW INJURY OCCURRED (ENTER NATURE OF INJURY	Y IN ITEM 18 PART 1 OR PART 2)
ATTENDI spitol or STOR: A for use of Heal	ME		ontol) extended the deceased from 5 2 , 19 81 , to 6 6	, that (1) (we) last
ERAL stote		226 SIGN TUNE	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA 122. ADDRESS	AN O O O
TO HOSP TO FUNE should bit with the IMPORTA	230	BURIAL, CREMATION, REMOVAL (SPECIFY BURIAL)	Munzer M.D. 7600 Carroll Avenue 1 236 DATE 6/10/81 236 NAME OF CEMETERY OR CREMATORY PARK CITY SATAS	*
DHMH - 16 50M 1/B1 (VRA 15, 4)			Pike Rockville, Maryland	LE PEDISTRAR'S SIGNATURE

WHITE 10 10 23 37 nousewife bone 6/10/61 carasota Mederial Pera Sarasota, Blorida

Types theeler funeral Hoas, Inc.

1331 Rockwille Tike Rockville, Maryland

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	6	1-	STATE	AA		HEALTH AND MENTAL) 0	-23	
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	W + + 10 >		PE OR PRINT[Or Or	NOWN MO			26 HOUR
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.2	" 4 TW	1	Md Ma	MIX	12:100	YES NO		MAKI	1-6	DAG	2
. MD.	JRS AFTER DEATH. III. 8. GIVE PAGES 1, 2, 8. WITH FORM PM 3, 7. PAGES 1 AND 2.8 DIVISION OF VITAL		ATHER'S NAME	MIDDLE	C -this	IS MOTHER'S MA	IDEN NAME	DOLE	7	LASP	-
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¥ N	WURS AF WITH I IT. PAG			one	anin	MARKI	Meblin	d Kin	431	ON	8
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	ULD BE EXECUTED WITHIN 24 HOU." PENDING" IN PENCIL IN ITEM 18 F MEDICAL EXAMINER ALONG YED SED AS A BURIAL. TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, AL, CREMATION, OR REMOVAL.	z	PART 2 OTNER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE TEL	MINAL DISEASE OR CONDITION GIVEN IN	PART 1 (a).				
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ō	STATE WENTER WEN		UNDERLYING OR	HOUR A	M. MONTH DAY YEA	ar 21c. HOW INJURY OCCUR	(KED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 C	RPART 2)		
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	YE TEST		death resulted fram: Natu	al causes 🖳	Accident, S	vicide , Hamicide	. Undetermined mar	iner .			
	AAR WIE		ACTUAL A	/2	12	TITLE (SPECIFY)					
	ZESZES		SIGNATURE /	$\Lambda \Lambda \Lambda$	XX	Assista	ANT MEDICAL EXAMI	NER SK	TE SNED	6/24/	81
	MEDIC CUTE SE 4 S FUNE TIMO	1	EXAMINER'S NAME An	n M. Dix	on. M.D.	111	I Ponn C+	Da I +a	MD		
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		(TYPE OR PRINT)			ADDRESS	Penn St.	Balto.	, MD.		
23	O A C A CO	230.BI	URIAL, CREMATION, REMOVAL	JA DATE	csall (V.).	METERY OR CREMATORY	23d LOCATION	- 7	YIPOO	* 51/	ATE .
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	DHMH - 17	TA.	MANE DIRECTOR	ADDRE	2009	FA AVE 250. DAT	E REC'D. BY REGISTRAR	256. REGISTRAR	'S SIGNA	TURE	
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REGISTRAR 1. DECEASED NAME

-rederick

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TYPE OR PRINTI

STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.				
JUNE MONTH) (981	2h HOU	-
GE (IN YEARS LAST BIRTHDAY)	IF UND	ER I YEAR	IF UNDER	-
01	MONTHS	DATS	HOURS	200,110

YEAR

20.

9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED

DIVORCED

5 MARGARET Peterson Same AS#13

200 AUTOPSY?

NO

and that in (my) (opinion death occurred an the date and hour and from the couses stated

CITY OR TOWN

Taunton.

CAUSE OF DEATH (Enter only one couse per line for (a), (b), one PART I. DEATH WAS CAUSED BY: CONGESTIVE HEART FAILURE SURROTIC HEART

DUE TO, OR AS A CONSEQUENCE OF

AT HOME STREET, FACTORY, OFFICE, FARM ETC)

underlying cause

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY

23b. DATE

P.M.

218 PLACE OF INJURY

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR 19

211. LOCATION

CITY OR TOWN

Mass.

COUNTY STATE

NO I

226. SIGNATURE SICIAN'S NAME (TYPE OF PRINT)

22é ADDRESS

ATTENDING A MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

STATE

23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION

DEGREE

(SPECIFY)

Conditions, if ony, which gove rise to immediate couse (a), stoting the

19a. DATE OF OPERATION

23d INJURY OCCURRED

22a I certify that (1)

abave, (1) (with (did))

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHEY MEDICAL EXAMINER)

NOT WHILE

saw the deceased alive on

Mayflower Hill Cem.

250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE NAM 5130 Wisc. Ave. N.W. Wash., D.C.

20b. IF YES, WERE FINDINGS USED

YES

IN CERTIFYING CAUSES OF DEATH?

DHMH-16 30M 2/80 (VRA 15, 4)

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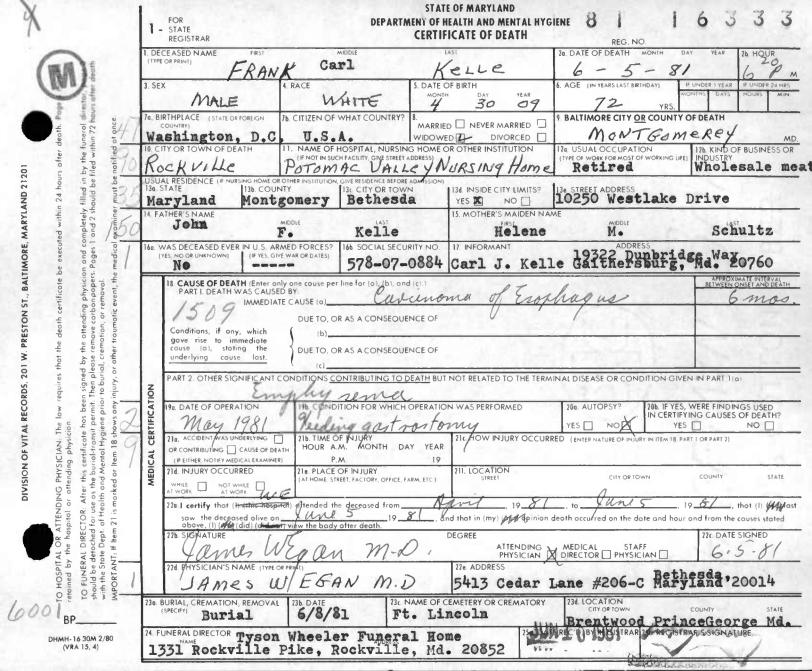
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BP

23a BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc.

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Vashington, D.G. U.S.A.

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John Relle Helene N. Schults

John Schults

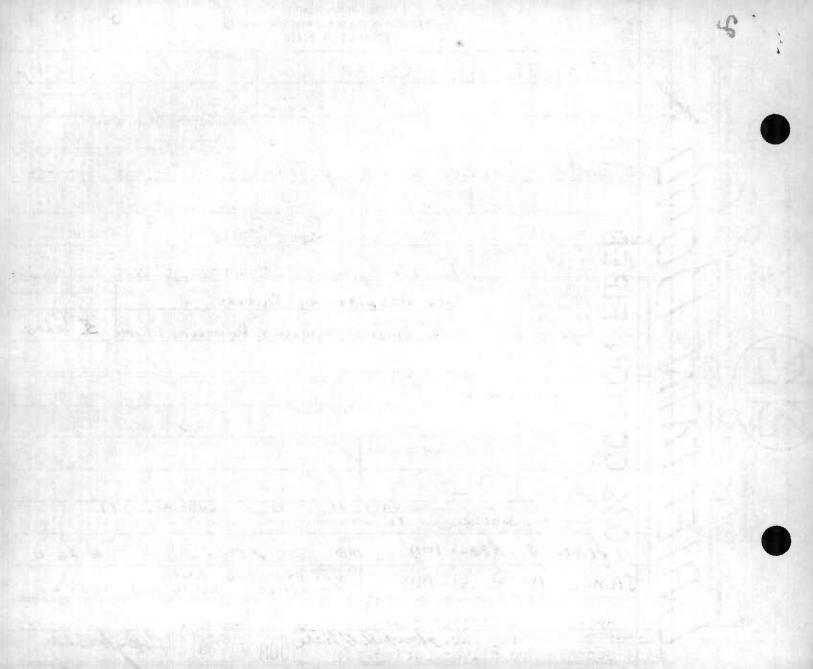
John

5413 Cedur Lane 206-0 % Fy1 h1:2001+

Surial 6/8/%1 st. Lincoln Tyson Theeler Funeral Home 1931 Rockville Pike, Pockville, Md. 20852

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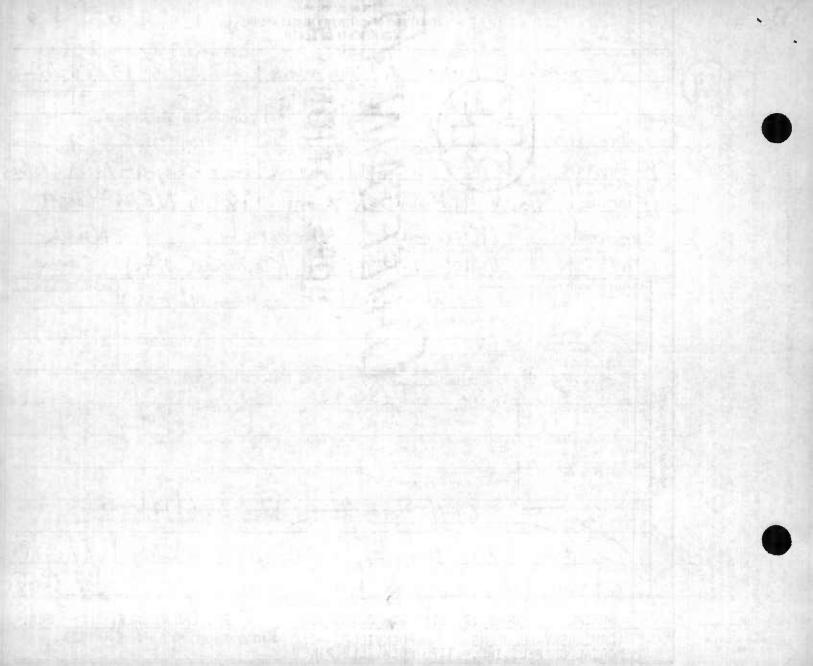


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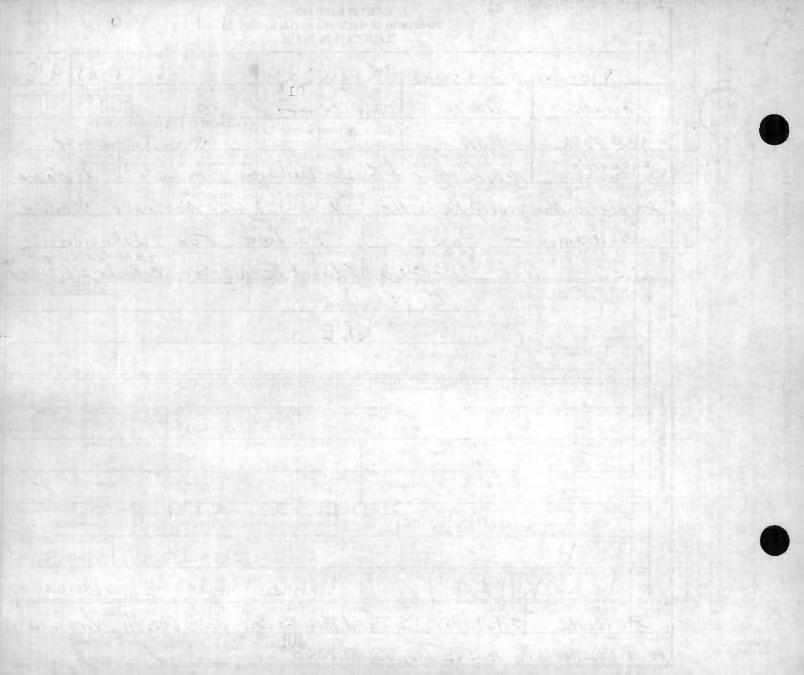
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REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

CERTIFICATE OF DEATH

REG. NO.



300 W. Montgomery Ave. Rockville, Maryland

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Capitor Funeral service, hairiax va.

		FOR		DEPARTMENT OF HE	ALTH AND MENTAL HY	YGIENE	16343
		STATE REGISTRAR	ME	DICAL EXAMINER	'S CERTIFICATE OF	F DEATH REG. N	10. /
(2)		CEASED NAME FIRST		MIDDLE	LAST	20. DATE KNOWN	MONTH DAY YEAR 76, HOUR
242	(TYP	DON	ALD	A.	LAMBERT	OF ESTI- DEATH MATED	6 121981 405
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母素自即使的人	Wa	ashington, D.C.	U.S.A		DOWED DIVORCE		GOMERY COUNTYMO.
A STATE OF THE STA	0 CI	TY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING HOME, OF	OTHER INSTITUTION	12a USUAL OCCUPATION (TO FOR MOST OF WORKING LIFE)	PE OF WORK 17b. KIND OF BUSINESS OR INDUSTRY
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TAN DE STORES OF	USUA I3a. S	L RESIDENCE (IF IN NURSING HOME OF TATE 13b. COUN'		VE RESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	
C CARSED	M		gomery	Rockville	YES X NO	518 S. Horners	Lane
AD	14. FA	THER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN	NAME	LAST
15 Langer		ohn		Lambert	Annie		Heim
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7 88.4		 CAUSE OF DEATH (Enter and PART I DEATH WAS CAUSED 	y one cause per line	for (a), (b), and (c).)	5 11.0	H	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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C C ST P		22a. I certify that I took charg	e af the remains des	cribed obove, held an	Autopsy , Inspection	Inquiry C	and in my apinion
AND TO THE PARTY OF THE PARTY O		death resulted from: Notur	ol couses :	Accident , Suicide	Homicide .	Undetermined monner	
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HE HOUNTH,		ACTUAL SIGNATURE	om).	1 sale	M.D. Deputy	MEDICAL EXAMINER	SIGNED Kore 12, 1981
EDIC TITE T NER NOR		EXAMINER'S NAME	HN G. BAL	1	7936 0	1d Georgetown	Rd., Bethesda, Md.
TO MEDICAL EXAMINER: 17 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 212		(TYPE OR PRINT)			ADDRESS		The specific substitution of the specific sub
	1.5	JRIAL, CREMATION, REMOVAL 2		23c. NAME OF CEMET		23d. LOCATION CITY OR TOWN	COUNTY STATE
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DHMH - 17 (VR A15 ME (5))					4.4	IN 1 9 1981	Links Scott.
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S. O. Harm Sool

to 2	STATE OF MARYLAND 1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.	6 3 4 5
1 12	1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH D	1981 155
ge 4 may eder, pag in other d		IF UNDER 1 YEAR IF UNDER 24 HRS
O M	Massachusetts 7b. CITIZEN OF WHAT COUNTRY? Widowed Divorced Divorced Months	ery Co. MD.
20 Miles of the Control of the Contr	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE POPULATION (TYPE OF WORK FOR MOST OF WORKING LIFE PUSUAL RESIDENCE IF MURRING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	126 KIND OF BUSINESS OR INDUSTRY U.S. Coast Gd.
100 mm	136. STATE NOTES NAME 136. COUNTY STATE NOTES NAME 137. CITY OR TOWN 138. INSIDE CITY LIMITS? 138. STREET ADDRESS STREET ADR	et
Confidence of the second of th	Henry N. Lancaster Lottie S. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	Olsson
Ser Jesus	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Ves WWII 096-16-5088 Margaret B. Lancaster (sams	as 13e)
RDS, 201 W. PRESTON ST., BAI equiles that the death certificate is signed by the attending physic. Then please remove carbon paper to bursal, cemporal, or temporal injury, as other troumptic event, the	B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RESPIRATORY FAILURE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	PPPOZIMATE INTERVAL BETWEEN ONSET AND DEATH 2 HOURS 2 YFARS EN IN PART Ital
At RECORDS, The low requirion. I has been significant prior to home any injury.	YES NOTY YES	, WERE FINDINGS USED YING CAUSES OF DEATH?
NAGE VIT.	216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH OUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 216. INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PA 19 216. INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PA 19 216. INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PA 19 216. INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PA 19 216. INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PA 19 216. INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PA 19 216. INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PA 19 216. INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PA 19 216. INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PA 19 216. INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PA 19 216. INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PA 19 216. INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PA 19 216. INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PA 19 216. INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PA 19 216. INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PA 19 216. INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PA 19 216. INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PA 19 216. INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PA 19 216. INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PA 19 216. INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PA 19 216. INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PA 19 216. INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PA 19 216. INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PA 19 216. INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PA 19 216. INJ	RT ORPART 2)
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o FUNE	DANIEL ROSENBLUM 276. ADDRESS 10400 CONNECTICUT KENSINGTON, MB 20	AVE
1004 BP	236. BURIAL, CRÉMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN CITY OR TOWN SPECIFY Cremation June 22,198 Metropolitan Crematory Alexandria	COUNTY STATE
DHMH-16 30M 2/80 (VRA 15, 4)	300 W. Montgomery Ave., Rockville, Md. 20850 JUN 25 1981	A Sylven Dendy

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BALTIMORE, MARYLAND 2120

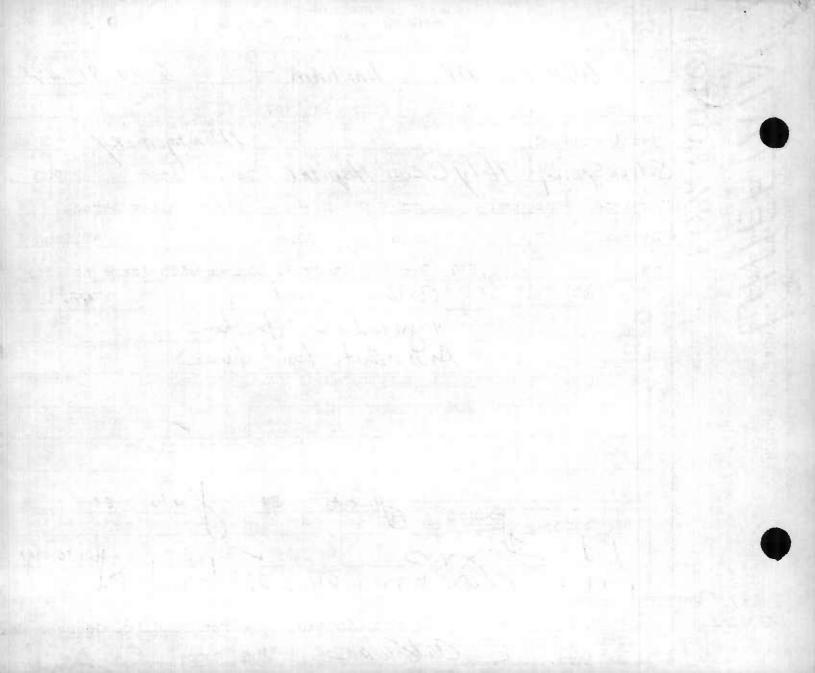
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ST., BALTIMORE, MD. 21201 COURS AFTER DEATH. IF ANY DELAY IS NECESSATION OF WITH FORM PM. 3. RETAIN PAGE 5. FOR MITH FORMS 1. AND 3. SHOULD BE FILED. WITH LE, DIVISION OF VITAI RECORDS, 201 W, PREST	FORE	HPLACE (STA	nia.	U.S.A. WIDOWE			RIED NEVER MARRIED 9 BALTIMORE CITY OR WED DIVORCED Montgomer					_	y County			
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TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED EXECUTED EXECUTED RESEARCH THIS CERTIFICATE SHOULD BE EXECUTED PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMERED TO THE CHIEF MEDICAL EXAMERED FOR THE CHIEF MEDICAL EXAMERED FOR THE CHIEF MEDICAL EXAMERED FOR THE WITH THE STATE DEPARTMENT OF HEALTH AND ME BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION,	A		y that I took charg d Trom: Matur	e of the remain	Acciden	nt XX S.	Autops	Homic TITLE (SI	Inspection ide	Undete	Inquiry Ermined monn	one ,	d in my o DATE SIGN	pinian	28/8	
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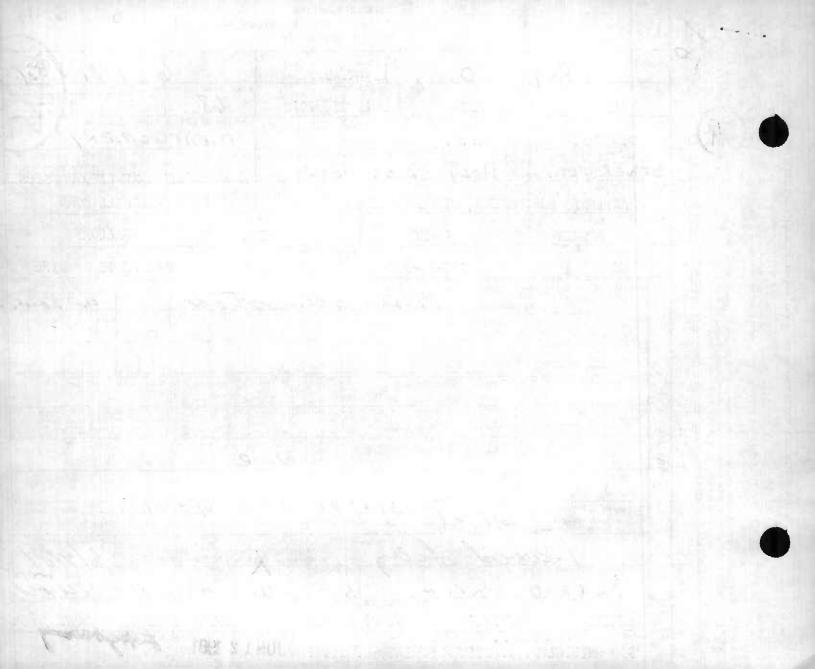
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15M 2/80

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 24 DATE OF DEATH MONTH 2b HOUR TTYPE OR PRINTS 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH Male white 18 1907 June 73 To. BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED Washington.DC USA WIDOWED 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION INDUSTRY Splicer PEPCO 13a. STATE 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Marvland Montgomery Wheaton 12210 Fuller Street, YES X NO IL FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Leonard Alma Allison Lanham ADDRESS In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (IF YES GIVE WAR OR DATES) 77-09-6019A Nancy J. Lanham-wife-(same as 13e) no 18. CAUSE OF DEATH Enter only one cause per line for to PART I DEATH WAS CAUSED BY 4hrs IMMEDIATE CAUSE Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a d 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NO [2) a ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2) HOUR AM. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIE EITHER NOTIFY MEDICAL EXAMINERS 21d INJURY OCCURRED He PLACE OF INJURY 211 LOCATION AT HOME STREET FACTORS OFFICE FARM ST MIT OF TOWN COUNTY STATE NOT WHILE that in (mXXxr) opinion death accorded on the date and hour and from the causes stated 22b SIGNATURE DEGREE 22c. DATE SIGNED STAFF rue 10, 1981 DIRECTORE PHYSICIAN 22e ADDRE 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 231 NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN Burial 6-12-1981 Fort Lincoln Brentwood Pumphrey, DHMH - 16 50M 1/81 (VRA 15, 4) 8434 Ga. Ave



John John	1.	FOR - STATE REGISTRAR			STATE OF MARYLAND INT OF HEALTH AND MEN CERTIFICATE OF DEA		REG. NO.	6 3	5 0
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renor		MALE	CAUCAS		JULY 28, 191		YRS.		OURS MIN.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The law requires that the death certificate be executed within 24 hours a citending physician. When this certificate has been signed by the attending physician and campletely filled in by as the burial-transit permit. Then please remave carbanapers. Pages 1 and 2 should be fill the and Mental Hygiene prior to burial, cremation, ar remaval. The property of the medical examiner must be marked on them 18 shows any injury, or other traumatic event, the medical examiner must be marked on them 18 shows any injury, or other traumatic event, the medical examiner must be marked on them.	NO	Conditions, if ony, w gove rise to immed cause (a), stating underlying cause	hich (b)	R AS A CONSEQUEN R AS A CONSEQUEN DITTRIBUTING TO DE		THE TERMINAL DISEASE (dr condition G	IVEN IN PART Ita	ggas,
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R ATTENDING haspital or att RECTOR: After ned for use as the spit, of Health or spit, of Health or tem 21 is marke.		22a.1 certify that (1) (this saw the deceased a obave, (1) free) (did) 22b. SIGNATURE	live an	P/ 10	ond that in (my) (our)	opinion death occurred o	on the date and ha		
TO HOSPITAL O TO HOSPITAL O Settined by the O FUNERAL DI Should be detach with the State De IMPORTANT: If It		22d. PHYSIGIAN'S NAME	un S	Acl (LB)	ATTEN PHYS 220 ADDRESS 5454	Wiscon		6/9, UE Cla	Pl 2015 Mel.
3001°		BURIAL, CREMATION, REA BURIAL	6/13/8	1 GAT	ME OF CEMETERY OR CREM	SILV	ER SPRING		MD.
DHMH - 16 50M 1/B1 (VRA 15, 4)	24 F	UNERAL DIRECTOR FR			G,MD. 20901	JUN 1 2 19	ISTRAR ISL	pregnation	7



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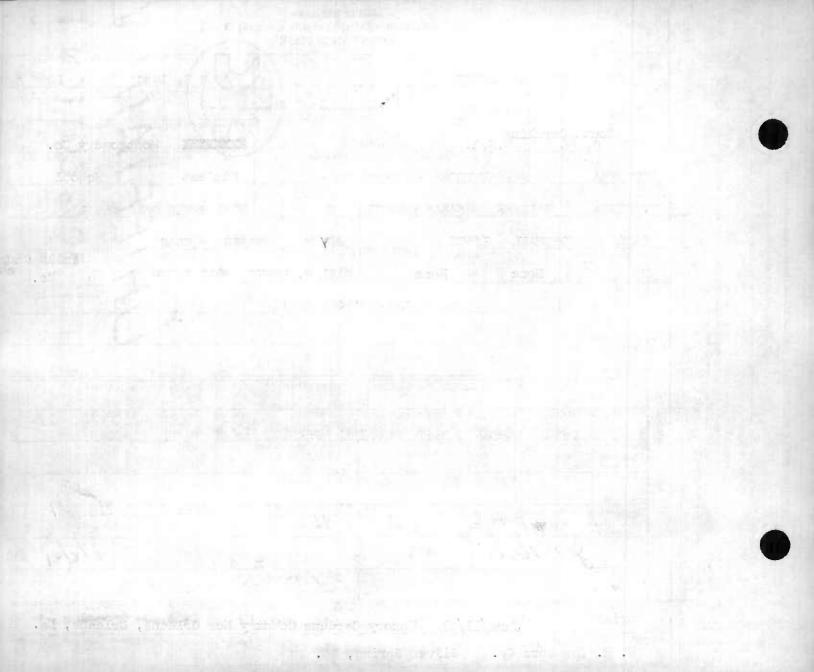
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	18 CAUSE	DEATH WALL	CALLCED DV		e for (a), (b), on					100			BETW	PROXIMATE	INTERV
	11.	DEATH 1/A	MMEDIATE CA	AUSE (o) ACT	ute myo	cardial	diseas	se	0.1						
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ATION		OF OPERATI		Non					RT 1 (g).				20 A	UTOPSY	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201



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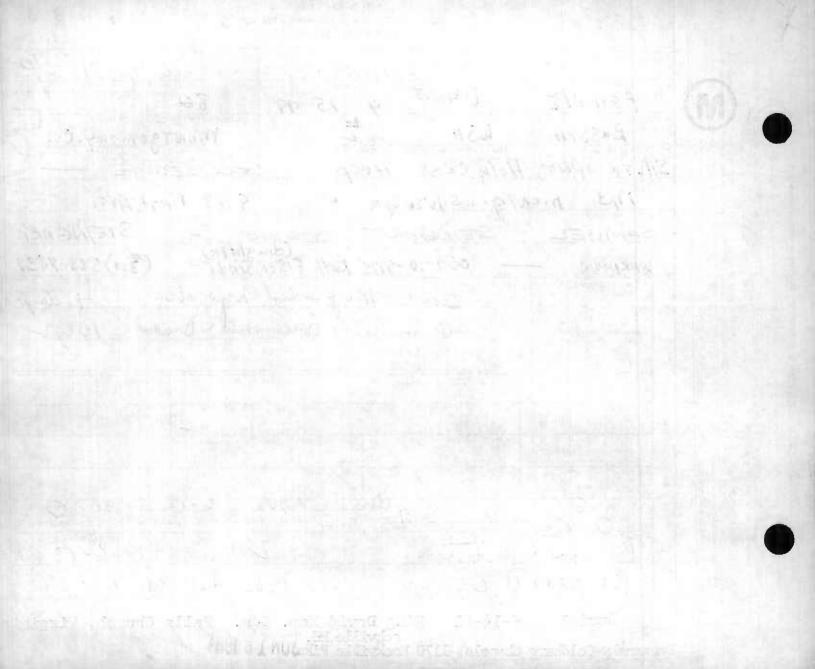
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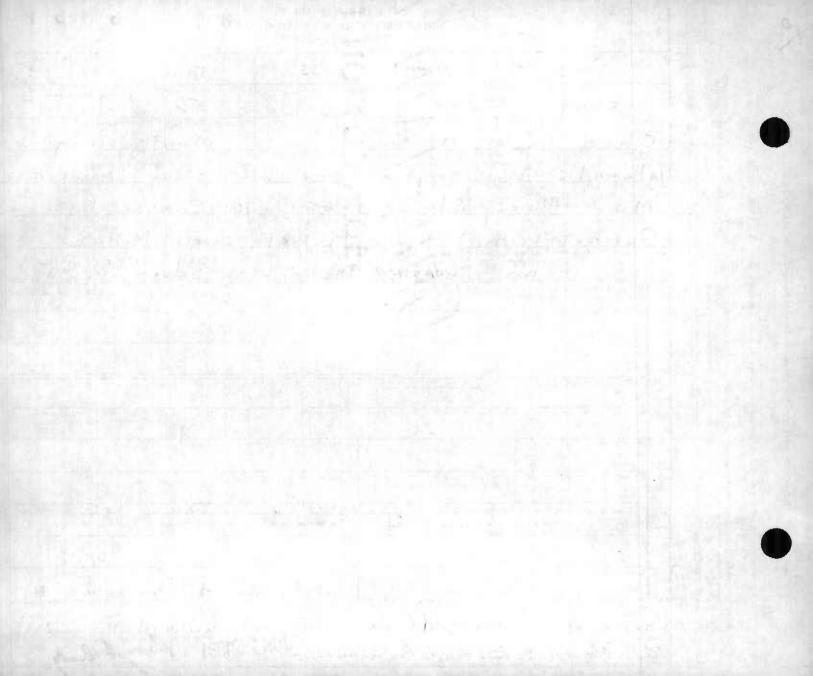
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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DIVISION OF VITAL RI	

requires that the death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

		FOR - STATE REGISTRAR		ARTMENT OF F	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	16	6 3			
		CEASED NAME FIRST MARC	ELLA OTHEL		LOYD		E 15, 1981	2:20P M			
)	3. SE	FEMALE	4 RACE WHITE	S. DATE O	H DAY YEAR	6 AGE (IN YEARS LAST BIRTH	MONTHS DAYS				
3	V	irginia	7b. CITIZEN OF WHAT COUN U.S.A. 11. NAME OF HOSPITAL, NI	MARRIE		9. BALTIMORE CITY OR MONTGOME F	RY COUNTY	MD			
26		BETHESDA AL RESIDENCE (IF NURSING HOME OR	(IF NOT IN SUCH FACILITY, GIVE THE CLINI	CAL CENT		(TYPE OF WORK FOR MOST OF V					
3	13a S	STATE 196 COUN	nandoah QUICK	TOWN	13d INSIDE CITY LIMITS? YES NO K	RT1, BOX 30	(22847)				
2		Luther B		user	Lizzie	Rozella ADDRES		houser			
3	16a. V	VAS DECEASED EVER IN U.S. ARA YES NO OR UNKNOWN) (IF YES, GIVE	IMAR OR DAYEST	54-8411	MR. THOMAS		SAME AS AB	OVE			
	NO	Canditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONS (b) Diffus DUE TO, OR AS A CONS (c)	SEQUENCE OF SEQUENCE OF	ry arrest ocytic Lymph		ITION GIVEN IN PART	(a)			
1	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YESX NO YESX NO NO					
1	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA. (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	H DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER MATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2				
	MED	2)d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY O		21f LOCATION STREET	CITY OR TOW		STATE			
		278. SIGNATURE 278. DATE SIGNED									
1		22d PHYSICIAN'S NAME (TYPE)	1. Cur	-	22e ADDRESS NATION CLINICAL CENT	NAL INSTITUTE	ES OF HEALT				
		BURIAL, CREMATION, REMOVAL	23b. DATE 6/18/81		emetery or crematory ackson Cem.	Mt. Jacks		STATE			

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carbon-paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or Item 18 shows any injury, or ather traumatic event, th

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24 FUNERAL DIRECTOR
NAME Capitol Funeral Service: Fairfax, Va.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENS MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEDICAL EXAMINER'S CHORDER DATE OF DEATH MEDICAL EXAMINER SET OF DEATH MEDICAL EXAMINER'S CHORDER DATE OF DEATH MEDICAL EXAMINER'S CHORDER DATE OF DEATH MEDICAL EXAMINER SET OF DEATH MEDICAL EXAMINER'S CHORDER DATE OF DEATH MEDICAL EXAMINER SET OF DEATH MEDICAL EXAMINER'S CHORDER DATE OF DEATH MEDICAL EXAMINER SET	
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SEX RACE S. DATE OF BRITH OS 03 03 03 NACE (NYTARS) EUNDER 1YR IF UNDER 24 HBS. 12. DATE MORNIN DATA YEAR 28 HDD PRONDUNCED O6 14 19. 813 24 NACE N	
Female White 05 03 03 78 VRS. To DEFONITION OF DEATH TO DESCRIPTION	I. SI
The Settleman The Control	1
UPURDINAY	
II. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION (TIPE OF WORK IN 128 KIND OF BUSINESS OR NODES) 128 KIND OF BUSINESS OR NODES	14
Bethesda Suburban Hospital None None USUAL RESIDENCE IF IN HUMBING HOME OF OTHER INSTITUTION, ONE RESIDENCE REFORM ABUNDAN HIS COUNTY Maryland Montgomery Bethesda VES No	10. (
USAL RESIDENCE F INNUITION CONTY Dr. CITY OR TOWN Dr. City Or	0
Maryland Montgomery Bethesda YES NO 5501 Kirkwood Drive	
I. FAITHER'S MAME MODIE PISSARE IS. MOTHER'S MAIDEN NAME MIDDLE MARTINEZ	mal.
Alfonso Pissarella Garciana Martinez Ise. WAS DECEASED EVER IN U.S. ARMED FORCES? (15'15, NO, OR (UNMONNY) (16'15, NO	
186. WAS DECEASED EVER IN U.S. ARMED FORCES? 186. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 186. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 17. INFORMANT 186. SECURITY NO.	
The cause of Death (Enter any one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: MAMEDIATE CAUSE (a)	0 160
The contribution of the course of the cour	1
PART I DEATH WAS CAUSED BY: Canditions, if any, which gave rise to immediate cause (a) stating the under-lying cause (a) stating the under-lying cause last. Part 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in . Part 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in . Part 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in . Part 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in . Part 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in . Part 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS UNDERLY IN THE OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS UNDERLY IN THE MISPART 1 OR PART 2) PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS C	-
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Burial/Transit 6/16/81 Buco Cemetery Montevideo Uruguay	230.
24. FUNERAL DIRECTOR 256. DATE REC'D. BY REGISTRAR 236 BIGGISTRAR 236 DIATUME	230.
Jos Gawler's Sons, Inc5030 Wisc. Ave, NW-Wash, DO 11N 1 5 1981	24.

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STATE OF MARYLAND

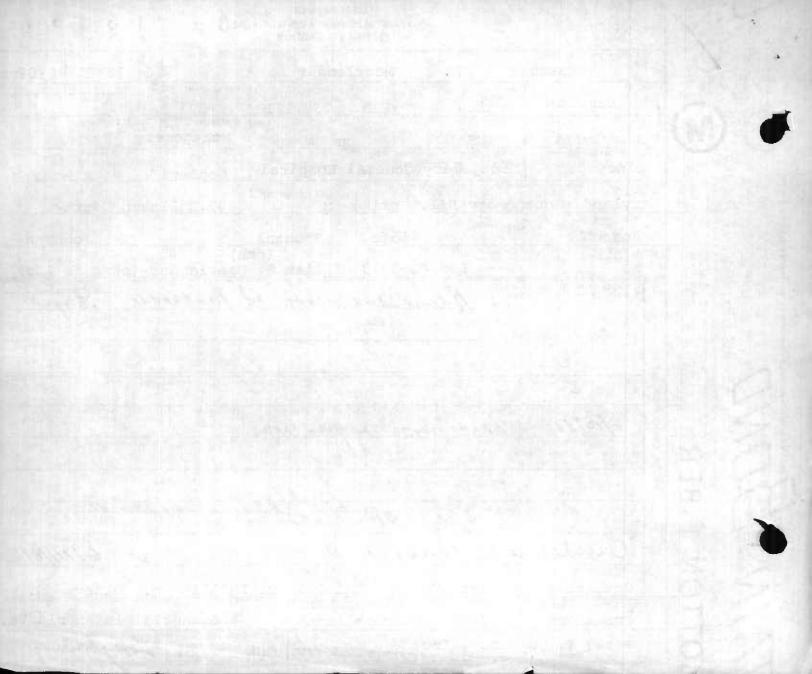
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME MIDDLE LAST 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) John Madden, Sr. 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE UN YEARS LAST BIRTHDAYS IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR Male White 09 07 7a. BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Montgomery Pennsylvania WIDOWED DIVORCED T 18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Bethesda Suburban Hospital Assurance Spec. Vet. Admin. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION DE COUNTY 130 STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 5528 Westband Avenue Bethesda YES T NO [Maryland Montgomery 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Tierney Bridgett Madden Joseph ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Clare H. Madden - Address same as #13 above. W.W. Yes 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 0 CERTIFYING CAUSES OF DEATH? NOL YES [NO 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211. LOCATION 214 INJURY OCCURRED 21a PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 | certify that (1) (this haspital) attended the deceased from 19 01 and that in (my) (our) opinian death occurred on the date and hour and from the causes stated saw the deceased alive on. abave, (1) (we) (did) (did nat) view the body ofter death 22b. SIGNAZURE DEGREE 22t. DATE SIGNED * DIRECTOR PHYSICIAN PHYSICIAN 77s ADDRESS 77d. PHYSICIAN'S NAME (TYPE OR PRINT) old t MPORT 5hours 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION REMOVAL 23b. DATE (SPECIFY) Silver Spring-Montgomery-Md. June 6, 1981 Gate of Heaven Cem. Burial 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 (VRA 15, 4) Jos.Gawler's Sons, Inc. 5130 Wisc. Ave, N.W. -Wash, D.C.

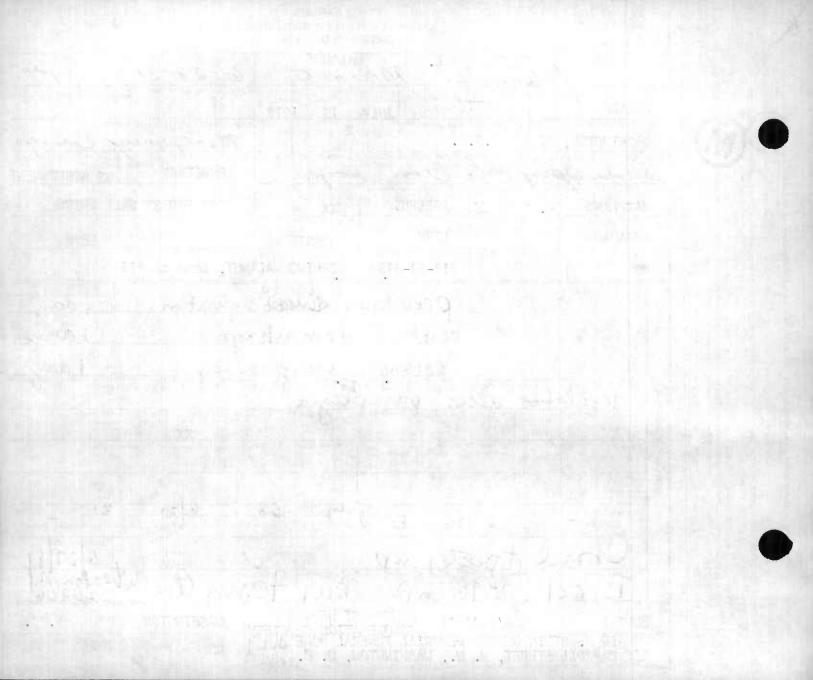
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STATE OF MARYLAND



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	*	1.	FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL HYG	REG. N		6 3	
	0		CEASED NAME FIRST		MIDDLE	L	AST		MONTH DA	Y YEAR	2b. HOUR
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100	(mm)	3. SE		4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR		F UNDER 1 YEAR	IF UNDER 24 HRS
- 8	ERAF)	1	Male	wh	te.	MONTH 10	DAY YEAR	73	YRS.	ONTHS DAYS	HOURS MIN
	33		RTHPLACE (STATE OR FOREIGN		F WHAT COUNTRY	? 8	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY C	OF DEATH	
1	C at oo	10	Khahama.	71.5	. A.	WIDOWE		Montgom	ery		MD
4	11 19	10 C	TY OR TOWN OF DEATH				OR OTHER INSTITUTION	120 USUAL OCCURAT	ION Pementife)	12b. KIND C INDUSTRY	F BUSINESS OR
21201 hours	o pot		CKILLE AL RESIDENCE (IF NURSING HOME O	Calli	nasilia		Sing Center	Bricklage	r	reti	red
MARYLAND 2	should by	130 :	STATE 136 COU	tgemer	13c. CITY OR TO	Spring	13d INSIDE CITY LIMITS? YES NO D	13e. STREET ADDRESS	1 Well	Rd.	2090/2
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	on on one	160 \	VAS DECEASED EVER IN U.S. AF	M.	? 166 SOCIAL SEC	TIPITA NO	Effie 17 INFORMANT	Jenk Jenk	ns .		
BALTIMORE	Poges medico	100 4	(IF YES, GIV	E WAR OR DATES)				7000	. 33		
P pe	ician I. The m		NO		414-09-		Phyllis Malc	ney/Wife/S	Same as	13e	MAATE INITERVAL
V ST., BAI	physic anpope emovol event, t		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	D BY:	line for in, (b), o	Ind (CI)	Conesist.	Charles		BETWEEN	IMATE INTERVAL ONSET AND DEATH
Z ST	orban or ren	2	401 IMMEDIA	TE CAUSE (o)_	- new	1011 occo	The state of	- Pagersey	-		
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W. Hoot th	by th		couse (a), stating the underlying couse last.	DUE TO,	OR AS A CONSEO	JENCE OF					
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IL RE	hos hos	THE						YES T NOT	IN CERTIFY YES	ING CAUSES	OF DEATH?
Z Z	Corte Cons Hyg Hyg 8 sh	E E	21a. ACCIDENT WAS UNDERLYING		OF INJURY	VEAD.	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PAR	RT 1 OR PART 2)	
OF OF	s certificate buriol-fronsi Mentol Hygor Is should be sh	¥	OR CONTRIBUTING CAUSE OF DE		A.M. MONTH	DAY TEAR					
DIVISION OF VIT	S A D	MEDICAL	21d INJURY OCCURRED	21e PLAC	E OF INJURY STREET, FACTORY, OFFICE		211 LOCATION	CITY OR TO	whi	COUNTY	STATE
IVIS OF	After the as the although	E	AT WORK AT WORK	(AT HOME,	STREET, PACTORY, OFFICE	, PARM, ETC.)	JINEE	CITORIO	W14	COUNTY	STATE
<u> </u>			220.1 certify that (1) (this hasp		the deceased from		19.80	to_June_2	1	81.	that (I) (we) last
THE PARTY OF THE P	for of H		sow the deceased alive or above, (1) (we) (aid) and in	_June	21 to	81	d that in (my) (aut) opinion	deoth occurred on the d	ote and hour a	and from the	couses stoted
J. S.	DIRECTOR beha for u Dept of He f Hem 21 is		176 SIGNATURE	46	.//.)	NS	DECREE	/		22c. DATE	SIGNED
A PL			14121	WOL	sec n	1	ATTENDING PHYSICIAN C	DIRECTOR PHYSIC	IAN [June	22, 1981
SPIT	FUNERAL uld be det		224 PHYSICIAN'S NAME (TYPE		1	4411	22e ADDRESS				
H OH	o FUNERAL should be det with the State IMPORTANT:		Dr. Thomas Do	oley	/		2901 Olney, S	Sandy Sprin	g, Md.		
328	5		urial, cremation, removal		22,1981 L	NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		OUNTY	STATE
В	Ρ		JNERAL DIRECTC®					wasningt	on, D.(ADE EICALA	
DHMH.	- 16 50M 7/77 R A 15 (4))			1180	00 New Har	pshire	e Ave	BECD. BYGEDISTRAR	A REGISTR	AK 2 SIGNAT	UKE
		- 11.	ines/Rinaldi F.	Sili	ver Spring	, Md.	20904	vi (F)			

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DIVISION OF VITAL RECORDS,

STATE OF MARYLAND

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14	1.	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	IGIENE B ROGE	ns Offid 7 5
eoth seoth		CEASED NAME FIRST FOR PRINT) Prince emanuel	Mark	LAST	20. DATE OF DEATH	06/ 08 81 10:00am
ctar, po	3. SE	x _male	4. RACE white	5. DATE OF BIRTH 12/23/27 12/23/27	6 AGE (IN YEARS LAST BIR	THDAY IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
• (M) 7	1	IRTHPLACE (STATE OR FOREIGN PAKISTAN	Pakistan	MARRIED A NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY C	R COUNTY OF DEATH Y COUNTY MD.
201 try th filed	t	ity or town of death	Washington a	dventist hospital	(TYPE OF WORK FOR MOST C	DE WORKING LIFE) 126. KIND OF BUSINESS OR INDUSTRY boma inter.
BALTIMORE, MARYLAND 21 cote be executed within 24 ho spicon and completely filled in ppers. Pages 1 and 2 should be vol.	n	AL RESIDENCE (# NURSING HOME OF STATE 136 COU			323 sout	h hampton dr.
MARY ped with ted wit			middle LAST	The state of the s	Shrifa MIDDLE	LAST
ALTIMORE, to be executed be executed and and and and and and and and and an		NAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (# YES. G	RMED FORCES? 166 SOCIAL SECTIVE WAR OR DATES) 212-92-1		nark same	SS
ING PHYSICIAN. The law requires that the death certificate attending physician. When this certificate has been signed by the attending physician as the bunal-transit permit. Then please temove carbon paper to and Mental Hygiene prior to bunal, crematian, or removal orked or tem 18 shows any injury, or ather traumatic event, the content of the paper.	NOIL	Conditions, if any, which gove rise to immediate couse iol, stating the underlying couse last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE TO OR AS A CONSEQ	ENCE OF ENCE OF BUT NOT RELATED TO THE TER		DITION GIVEN IN PART 110
VITAL RECOI	CERTIFICATION	19a DATE OF OPERATION		OPERATION WAS PERFORMED	20g AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \text{\$\limbda\$}
DING PHYSICIAN: or attending physic After this certificat e as the buriel-from oith and Mental Hyg marked or item 18 s	MEDICAL CE	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d_INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	P.M. 21e. PLACE OF INJURY [AT HOME. STREET, FACTORY, OFFICE	AY YEAR 19 211. LOCATION	IRRED (ENTER NATURE OF INJU	wn COUNTY STATE
at OR ATTENI the hospital at DIRECTOR, etached for us te Dept. of He Ti If Hem 21 is:		saw the deceased alive a	Reduction MI	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STA	
TO HOSPITA etained by etained by should be should be with the Stol		Gary W. Langs			Adv. Hospit	al
160 BP	P	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	June 16,1981 G	NAME OF CEMETERY OR CREMATORY ulberg Road Cem.	LaHore	Pakistan STATE
DHMH - 16 50M 1/81 (VRA 15, 4)		uneral director name nes/Rinaldi F.	ADDRESS		UN 1 U 1981	25b. REO STRAR'S SIGNATURE

And Incomes contra ed into takona puri seringan neiventist hospital olore unital takona protest the section settled a liver settled to the south har ton dr. Maximilar Served Served Lary W. Lastyston , M. D. Vashington May, Hospital Turning June 15,1981 College Sec. Labore Parkers 11,800 New Hammahiro Ava No. of the state o

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN DECEASED NAME (TYPE OR PRINT) ESTI TO THE FUNERAL DIRECTORY

V PAGE 5 FOR YOUR FILES

BE FILED, WITHIN 72 HOURS

OS., 201 W. PRESTON STREET, Wilfred J. Mathewson DEATH MATED 3 SEX 4 RACE IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 4, 1897 Male Jan. White Th CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Montgomery County Canada DIVORCED DS, 201 W. I ID CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 3453 Chiswick Court, #1-A College Professor Silver Spring RETAIN USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Montgomery Silver Spring 3453 Chiswick Court, #1-A YES NO 🗌 AND 2 SHOK VITAL 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME AFTER DEATH.
SIVE PAGES 1, 2
TH FORM PM 3 MIDDLE Herbert Mary Scrim Mathewson Jane 17. INFORMANT 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS Address same 193-26-9299 Helen M. Mathewson, wife. as Item 13. APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PART I DEATH WAS CAUSED BY Cat ... A BURIAL - Tich, ... H AND MENTAL HYGIEN... H AND, OR REMOVAL. IMMEDIATE CAUSE (a) Acute myocardial disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which fracture of left hip 7 weeks gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last CREMATION. 7 weeks fall. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to USED AS A B CERTIFICATION Chronic myocardial disease and emphysema. DEPARTMENT OF HE 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? 4/20/81 Fracture of left hip. YES 🗍 NO X 21c HOW INJURY OCCURRED LENTER NATURE OF HAJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING TOO CAUSE OF DEATH Fell at home. 21e PLACE OF INJURY (AT HOME. 21f LOCATION 21d. INJURY OCCURRED TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 32 AFTER DEATH, WITH THE STATE DEF BALTIMORE, MARYLAND, 21201 PR STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE Chiswick Court, Silver Spring, Montgomery, Md. Home 22a I certify that I taak charge of the remains described above, held an Autopsy and in my apinian Accident X Suicide ___ Natural causes Hamicide Undetermined manner TITLE (SPECIFY) DATE SIGNED 2/5/82 Deputy SIGNATURE MEDICAL EXAMINER 1919 Seminary Road John S. Rogers, M.D. ADDRESS Silver Spring, Montgomery, Md. 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Silver Spring, Montgomery, Md. Burial Gate of Heaven 24 FUNERAL DIRECTOR Francis J. Collins 500 University Blvd. West, Silver Spring, Md. (VR A15 ME (5) 15M 2/80

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District of Columbia | Labington | X eg | 108 Minhelson St. N.W.

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O.G. deey 202-1-5074 Warel Rollighton, 702 Michalon St. L. C.

PROMOTE OF STORY

Company F. Marcard, F.C. 7858 Carroll Ave., Cakers Park, Ed.

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FOR STATE STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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. 16		REGISTRAR CEASED NAME FIRST E OR PRINT)	WE	MIDDLE	NER'S	CERTIFICATE (REG. NO.	AONTH DAY	YEAR 2b HOUR
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(NESCHA		ale white	APRIL 1	3.1977 4	YRS.	THS DAYS HOURS	MIN PRONC	AD AD	6-12-	181 pm
SAN SAN T	FC	PLITH CAROLINA	7b. CITIZEN OF W	S.A.		RIED NEVER MARE	RIEDALA	ontgomery		
2 SEQ.	10. CI	ilver Springs	(IF NOT IN SUCH FA	PITAL, NURSING HOACHITY, GIVE STREET ADDRESS	5)	HER INSTITUTION		CUPATION (TYPE OF	WORK 12b K	
Z CORD	13a S	TATE 134 COUNT	OTHER INSTITUTION, GI	13c, CITY OR TOWN	SION)	13d. INSIDE CITY LIMITS? YES X NO	13e. STREET ADI	DRESS	DT A DT	VE
SALIAL RECORDS.		ARYLAND MONTGO ATHER'S NAME FIRST	MEKY	SILVER SP	KING	15 MOTHER'S MAID		413 COLUM	DIA PI	LAST
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PAGES 1 AI	(4	ES, NO, OR UNKNOWN) (IF YES, GIVE W		L NC		SUSAN Mc	DONALD	SAME AS		MOTHER
TERMIT PAC YGIENE, DIVIS		18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIATE	BY: U1	far (a), (b), and (c).) ndetermine AS A CONSEQUENC		1			BET	APPROXIMATE INTERVAL WEEN ONSET AND DEATH
F MEDICAL EXAMINER ALONG WITH FOR ED ASA BURIAL - TRANSIT PERMIT. PAGES I HEALTH AND MENTAL HYGIENE, DIVISION N., CREMATION, OR REMOVAL.	-	Conditians, if any, which gave rise to immediate cause (a) stating the <u>underlying</u> cause lost.	(b) DUE TO, OR	AS A CONSEQUENC	E OF					
TH AND A	z	PART 2 DINER SIGNIFICANT CONDITIONS CO	(c)	BUT NOT RELATED TO THE TE	RMINAL DISEAS	SE DR CONDITION GIVEN IN PA	ART 1 (a)			
PI HEAL	CERTIFICATION	19a DATE OF OPERATION	196 CONDI	TION FOR WHICH OP	ERATION V	VAS PERFORMED?		- 10	20	AUTOPSY?
DI PRIOR TO BURIAL, O	AL CERT	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	21b. TIME OF HOUR A.M	MONTH DAY YE	AR 21c. H	OW INJURY OCCURRI	ED LENTER NATURE OF	INJURY IN ITEM 18 PART	1 OR PART 2)	YES 😾 NO 🗌
1201 PRIC	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE			CATION STREET	CITY OR	TOWN	COUNTY	STATE
I, WITH THE STATE DI MARYLAND, 21201 B		22a I certify that I taak charge death resulted fram: Natura	af the remains des		Autar Suicide	nspection . Inspection .	un , lingui		my opinion	
SHOULD BE FORE FRAL DIRECTOR: TATH, WITH THE SIRE, MARYLAND,		ACTUAL SIGNATURE	Upita	One The	ll.	TITLE (SPECIFY)	LE_MEDICAL EX	AMINER	DATE SIGNED	6-13-81
EXECUTE THE COMPANY TO FUNERAL DATER DEATH, N BALTIMORE, M	3	EXAMINER'S NAME Mar	gatita A.	Korell,M	D.		Penn Str			
A P T S	230. B	URIAL, CREMATION, REMOVAL 23 PECIFY) PLID 7 A 1		BURTONS			23d. LOCATION	TONSVILLE	COUNTY	INT STATE MD.
H - 17	24 F		6/17/81 S J. CQLJ	INS		25a. DATE	REC'D. BY REGIST		y Ares	lesdy
3 ME (5)) 2/80		500 UNIV.BLVD.,	W. SILVER	SPRING, MC	209	101 JUN	1 2 2 100		-	4

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000	1	FOR - STATE			HEALTH AND MENTAL HYG FICATE OF DEATH	IENE Ö I	103	0 1
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9 2		E OR PRINT)		ott	MC- 1	20. DATE OF DEATH	1 19 01	12 57
à (Ra)	3. SE	x Ooh	4. RACE		OF BIRTH	6 AGE (IN YEARS LAST BI	0 10 01	1/1/
4 7 1 1 1 1 1	1	MALE	White	MONI	H DAY YEAR	60	YRS.	HOURS MIN,
Poge .	7a B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	OUNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY C	OR COUNTY OF DEATH	1
deo th.		Ohio	U.S.A	WIDOW	ED DIVORCED	Montgome		MD.
å ± 7	1 -	IN OR TOWN OF PANTH	11. NAME OF HOSPITAL	L, NURSING HOME		20 USUAL OCCUPAT	WERKING LIFE INDUSTRY	Mont. Co
1201 ours o	LART	al residence in museus nonza		TO AS THAY	entist Hosp	Ret School		1 System
PRESTON ST., BALTIMORE, MARYLAND 21201 Notified & Released re deoth certificate be executed within 24 hours of entending physician and complete, filled in by money, or removol. recommendation or removol.	1	MATE, DIMEDUIT	roll M	ON MAN	TIM INSIDE CITY LIMITS?	15 THE LOUPS	too Rd	
ase within	14.7	ATHERSNAME	11.11	- Hiry	IS MOTHER'S MAIDEN NAM	2 1 2 1	rege Mar.	
ORE, MARYLAND Released xecuted within 24 and completely filling one 1 and 2 should decol programmed filling		Elliott	McIn	tosh	Emna	#EDDLX	Gh	ent
Re Kecut	16s.3	WAS DECEASED EVER IN U.S. AR	MED FORCES? IM SOC	TAL SECURITY NO.	17. INFORMANT		ESS Address Sa	me as
S Pe e			W.II 6283	- 12-3959	Pearl D. McIr	ntosh	No# 13e.	
ST., BAL 1 ed rrthicote g physics on poper emovol.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per line for to	/ ^ /	1 1	THE STATE OF		MATE INTERVAL ONSET AND DEATH
Notified Notified e death certificate e artending physici move carbonoppe motion, or removel, troumoric event, th			TE CAUSE (o)	cho palmo	nary Arrost		16-18	hours.
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Not the deat the after remove cemotron, er froum		gove rise to immediate couse (a), stating the		/	orare Info	10,100		
≯ 4 5 5 9 5 €	4 53	underlying couse lost	DUE TO, OR AS A GO	I way	Arten Dis	ore	O SHELLEY	
es palatio	7	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	TING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN PART 110	0'
The equ	CERTIFICATION	Management						
EXE EXE nos bee low r nos bee permit ne prio ws ony	7 5	190 DATE OF OPERATION	196 CONDITION FOR	R WHICH OPERATIO	DN WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES	OF DEATH?
edical HYSICIAN: The Idea physicion. Is certificate hos burio-irronsir per Mentol Hysios. Mentol Hysios.	ER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCURR	YES NOW	YES T	NO 🗌
SION OF VITA Medical PHYSICIAN: The reduing physicion this certificate the buriol-transit and Americal Hygier do Americal Hygier do ritem 18 should be a control hygier do rit		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MON		The state of the s	LE LEWISK WATORS OF INJU	RT IN HEM 16 PART I OR PART 2)	
Med: Med: PHYSIC ending this cer he buriond Menti d or Iten	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJUR		21f LOCATION			
DING PH Or offen thise os the ise os the olth and morked a	×	AT WORK AT WORK	(AT HOME STREET, FACTOR	RY, OFFICE FARM, ETC.)	STREET	CITY OR TO	ISUM COUNTY	STATE
3 0 0 0		22a.1 certify that (1) (this hospit	tol) oftended the decease	d from	ine 19 81	_ to 18 Jun	19	that (I) (we) last
prit for of		sow the deceased alive an abov. (I) we) (did) (did no	t) view the body after deat	19 X o	nd that in (my) (our) opinion d	eath occurred on the d	ate and hour and from the	couses stated
(AI OR A y the hos (AI DIREC detoched of Dept. If Item		226. SIGNATON 0/	(/)	1	DEGREE ATTENDING	MEDICAL _ STAI	FF 77c. DATE	SIGNED
PITAL by t by t by t Stote		22d. PHYSICIAN'S NAME (TYPE O	REINING	/	PHYSICIAN 270 ADDRESS	DIRECTOR PHYSIC	IAN	ne st
TO HOSPITAL OF TO FUNERAL DESPOY THE SHOULD be deto with the Storie DE MADORTANT: If		MICHAEL	SCHWALT	72		Ave. #300	Riverdale, M	d
0 5 0 8 W	23a. 8	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	CEMETERY OR CREMATORY	23d. LOCATION		
BP		Burial	6/22/81	Bowling	Green Pres.Ch.	CITY OR TOWN	reen York	S.C. STATE
DHMH - 16 50M 1/81		JNERAL DIRECTOR		Cemetery	25a. DATE		256 RECUSTRAR'S SIGNAT	URE
(VRA 15, 4)	F.	Gasch's Sons F	.н. Р.А. Нуа	ttsville,	Md.	N 2 2 1981	fisting /10	Graveling



Post transparen len - 2 feets Indo 0111 Tonn't D. Houndard .0 0 STREET, STREET The service two men are bloomed took to line theory on . The orene line . . .

F. Caschis Sons S.T. P.A. Tyattaville, Md. D.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO DECEASED NAME KNOWN 7a. DATE LTYPE OR PRINTS OF ESTI-DANIEL MELTON 2d. HOUR 4 RACE DATE OF BIRTH AGE (IN YEARS | IF UNDER I YR IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED March Male Caucasi 1951 30 YRS TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED T Washington, D.C. U.S.A. Montgomery WIDOWED DIVORCED IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. KIND OF BUSINESS Automotive mechani Gaithersburg 17620 Seguoia Dr. auto USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland 13b. COUNTY Montgomery Gaithersburg 17620 Seguoia Dr NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Shockley William Melton Corvne 17. INFORMANT ADDRESS Wm. H. Melton 13907 Vista Dr., Rockville, Md Vietnam 218-56-9120 BETWEEN ONSET AND DEATH IMMEDIATE CAUSE . In . +licted Canditians, if any, which gave rise to immediate cause (a) stating the under-PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? TO BUR DEPARTMENT 71n EXTERNAL CAUSE WAS 716 TIME OF INTURY . UNDERLYING MOR CONTRIBUTING CAUSE OF DEATH 211. LOCATION Zie PLACE OF INJURY (AT HOME. PAGE 4 SHOULD BE FORWARDER
TO FUNERAL DIRECTOR: PAGE 3
AFTER DEATH, WITH THE STATE DE
BALTIMORE, MARYLAND, 21201 P NOT WHILE AT WORK AT WORK 22a I certify that I took charge of the remains described above, held an Suicide X death resulted fram-Undetermined manner TITLE (SPECIFY) ACTUAL DATE SIGNED June Deputy MEDICAL EXAMINER SIGNATURE 7936 Old Georgetown Rd. EXAMINER'S NAME John G. Ball. Bethesda, Maryland 230 BURIAL, CREMATION, REMOVAL 236, DATE Alexandria Virginia Cremation June 15,1981 Metropolitan Crematory 24. FUNERAL DIRECTOR RObert A. Pumphrey Funeral Homes P/A250. DATE REC'D. BY REGISTRAR 256 REDISTRAR'S SIGNATURE **DHMH-17** 300 W. Montgomery Ave. Rockville Md. 20850 (VR A15 ME (5)) 15M 2/80

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	FOR	DEBA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY	CIENT O	16708				
	1 - STATE REGISTRAR	DEFA	CERTIFICATE OF DEATH	REG. NO	10000				
	1 DECEASED NAME FI	RST MIDDLE	LAST	20. DATE OF DEATH	AONTH DAY YEAR 26 HOUR				
4 51		rah	Miller	Jun	e 23, 1981 7:41A				
	3. SEX	4. RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS MIN.				
	FEMALE	CAUCASIAN	JULY 15, 1896	84	YRS				
O WAT	70 BIRTHPLACE (STATE OR FOREK COUNTRY) RUSSIA	76 CITIZEN OF WHAT COUNTI	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OF Montgome	COUNTY OF DEATH PY MD.				
. 1 179	Olney	(IF NOT IN SUCH FACILITY, GIVE STI	SING HOME OR OTHER INSTITUTION REET ADDRESS) General Hospita	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEWI	WORKING LIFE) INDUSTRY				
AND 212	DIST. of COL	HOME OR OTHER INSTITUTION, GIVE RESIDENCE BE COUNTY 13t. CITY OR TO WASHIN	GTON 13d INSIDE CITY LIMITS?	13e STREET ADDRESS 821 Critt	enden Street, N.E.				
MARYL MARYL ond 2 s	14 FATHER'S NAME FIRST YUDA	MORDECAI DORR		LIBBE	GOLDENBERG				
BALTIMORE, one be execut sistion and cc ppers. Pages 1 val v, the medical	160 WAS DECEASED EVER IN 1 (YES, NO OR UNKNOWN) (1F	V.S. ARMED FORCES? YES, GIVE WAR OR DATES) NONE 578–46			ss 3905 Palmira Lane ver Spring, Maryland				
hop ho		nter only one couse per line far (a), (b) CAUSED BY. MEDIATE CAUSE (a) Rena	failure.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
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OF VIT. ICIAN: T g physic g physic gridient	OR CONTRIBUTING CALLS	E OF DEATH HOUR A.M. MONTH	DAY YEAR 19	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)				
DIVISION OF VITAL NG PHYSICIAN: The offending physicion fifter this entitle has as the base in terming the ond within the piece.	(IF EITHER, NOTIFY MEDICAL EX 21d INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOW	N COUNTY STATE				
TTENDI pitol or TOR A for use of Heol	saw the deceased o	s haspital) attended the deceased fro		ta 6 2 death accurred on the da	19 1, that (I) (we) last te and hour and from the couses stated				
AL OR A the hos AL DIREC detoched ore Dept.	22b. SIGNATURE	altin	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	FIAN [220, DATE SIGNED 6 23 8 1 ·				
TO HOSPITAL TO FUNERAL should be det with the Store	JON AT	HAN MALTZ	22e ADDRESS 1811 Pri	nce Philif	Drive/				
BP	230 BURIAL, CREMATION, REA (SPECIFY) BURIAL		ADAS ISRAEL CONGREG	A. WASHINGT	ON STATE				
DHMH - 16 60M 1/75 (VR A 15 (4))	24. FUNERAL DIRECTOR	ADDRESS	250 DA		Sb. Pogistrar's URE				

- STATE

DHMH - 16 50M 1/B1

(VRA 15, 4)

REGISTRAR

DECEASED NAME

INDUSTRY Home 511 Bayshore Drive #707 Jackson 220-56-7154 Robert E. Minton, Same as #13 18 CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and & PART I, DEATH WAS CAUSED BY: We to start Carcinoma of Colon' 2 years PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (apinion death accurred on the date and hour and from the causes stated 22r. DATE SIGNED DUR md. Cremation 28, 1981 Metropolitan Crem. Alexandria. Virginia 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral 1981 Homes, P.A. Bethesda, Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

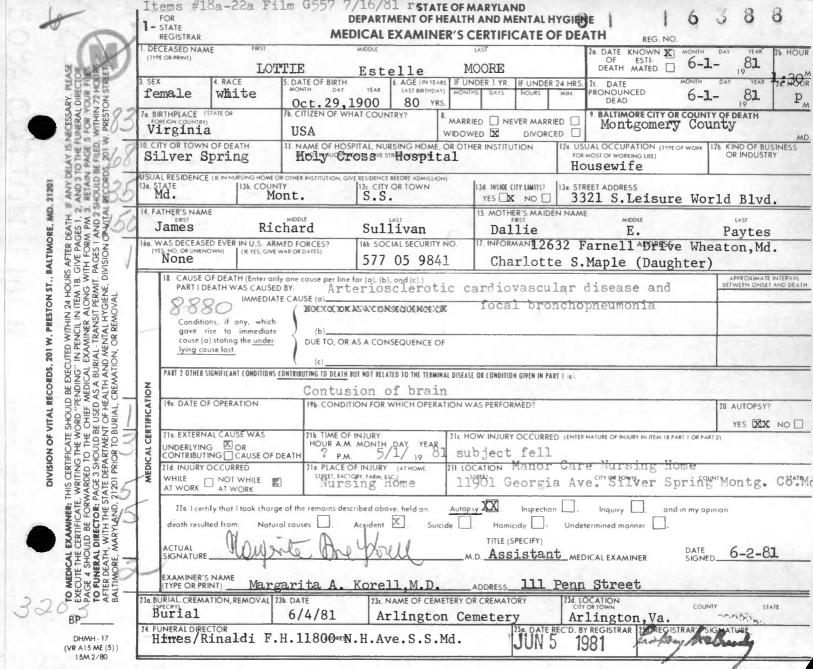
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11:40A

20 DATE OF DEATH MONTH

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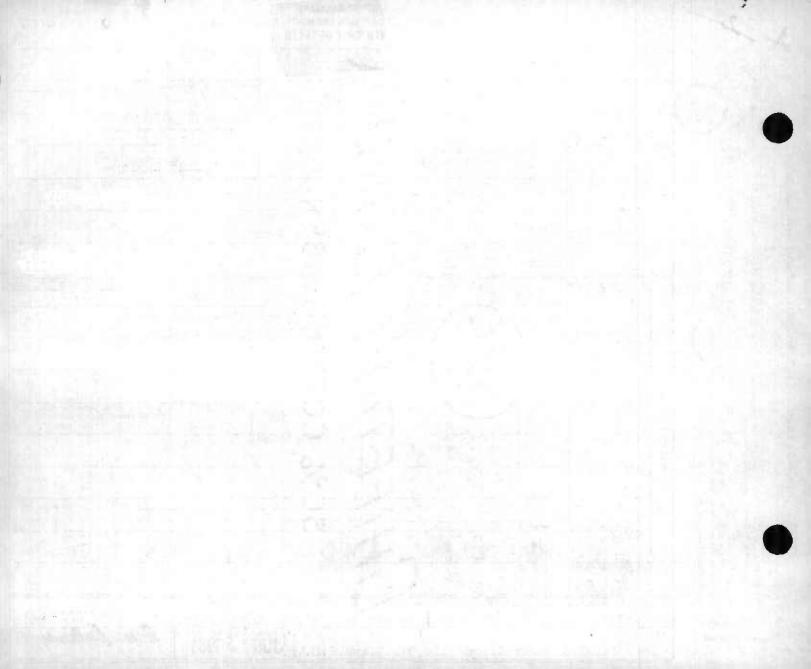
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33	BIRTHPLACE (STATE OR FORE) Virginia	U.S.A.	MARRIED → NEVER MARRIED → WIDOWED → DIVORCED		YT'NL
26	CITY OR TOWN OF DEATH BETHESDA	THE CLINICA		178 USUAL OCCUPATION 1 TYPE OF WORK FOR MOST OF WORKING UP COOK Self-Empl	126. KIND OF BUSINESS O INDUSTRY Loyed
#7	D.C.	HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE TO THE PROPERTY OF TO THE PROPERTY OF THE PRO	YES YES NO	3141 24th St.N	1.E.
01	FATHER'S NAME FIRST William More		15. MOTHER'S MAIDEN NA FIRST Homie Spi	raggin	LAST
3	WAS DECEASED EVER IN (YES, NO OR UNKNOWN) Yes	U.S. ARMED FORCES? 166. SOCIAL SEC FYES, GIVE WAR OR DATES) 227–22-		ADDRESS. (Sister)3141 24th	St.N.E.
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1.	FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG	IENE 8 I	1639
/	- STATE REGISTRAR		CERTIFICATE OF DEATH		
T DE		John Ban Bar	ker n Morris	IN DATE OF DEATH	MONTH DAY TEAM 25 HO
88	001/10	DARKER	MORRIS		0 0/ 7=
1 SE	Edwin action	4 RACE	5 DATE OF BIRTH DAY YEAR	6. AGE (IN YEARS LAST BIRT	MONTHS DATE HOURS
Selvies	Male	White	March 27, 1890	91	YRS.
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SE E USU	AL RESIDENCE (IF HURSING HOME OR	DINER INSTITUTION, GIVE RESIDENCE SPECI	E ADMISSION)	Service Di	rector Dept. S
25 A(h)				134 STREET ADDRESS	level 11 a Dillea
	Maryland Mont	tgomery Rockvil	15 MOTHER'S MAIDEN NA	WE TOSOO HOC	kville Pike
16 A		HEDUS LAST	Fest	WEDLE	LAST 4.3
S S	Francis WAS DECEASED EVER IN U.S. AR	MED FORCES? IM SOCIAL SECI		ADDRE	Adams
and ges	TES, NO OR UNENOWN) [IF YET GIVE	WAR ON DATES)			
44 1/	No	- 577-07-	3803 Ruth E. Mor	ris, Same ac	dress as #13.
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misticate has been sincitive must permit. Then Hygiene prior to m 18 shows any in CERTIFICATION	19a DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATION WAS PERFORMED	20e AUTOPSY?	206. IF YES, WERE FINDINGS USE
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0 - 0	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL		AY YEAR		
e burial-tr nd Menta ked or Ita	214 INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		
th and N marked	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC) STREET	CITY OR TOW	N COUNTY S
e as is n	22a I certify that (I) (this hospit	al) ottended the deceased from_	1965	- to 6 -	7 19// that
for us	saw the deceased alive on.	6-8 8	1	deoth accurred on the do	te and haur and from the causes st
DIREC thed for Dept. o	above, (l) 100 (did) (did)	view the body ofter death.	DEGREE		224 DATE SIGNED
065 =	9/1	en ele Nev	ATTENDING .	MEDICAL STAF	F 6-9
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HALL detact tate N.V.T.:	226. PHYSICIAN'S NAME (TYPE OF	PRINTI			1
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TO FUNERAL should be detact with the State IMPORTANT:	George 1 BURIAL, CREMATION, REMOVAL SPECIFY)	Sengstace 23c	220 ADDRESS 9241 Co) NAME OF CEMETERY OR CREMATORY	LUMBIA C 236. LOCATION CITY OR TOWN	Blud S.S. md2
Should be detacted with the State IMPORTANT:	BURIAL, CREMATION, REMOVAL SPECIFY BURIAL	Sengstace 23c	NAME OF CEMETERY OR CREMATORY Lincoln Cemetery	Brentwo	Sod, Maryland Sharpistrans sunature

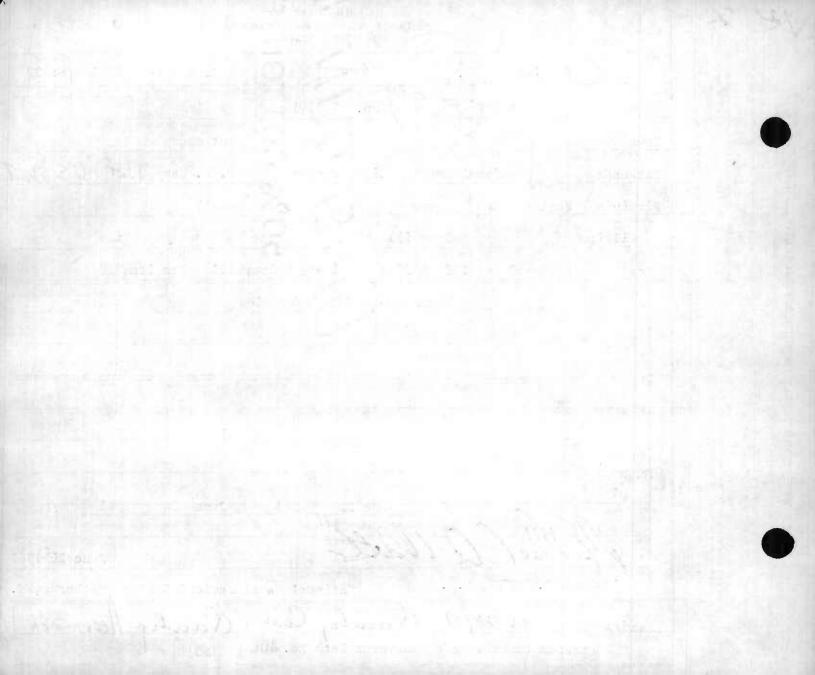
alricht comme den de Morris 72. Page 9:28 9:28 and the cotton to the cotton and the cotton and the cotton Maryland Company Control of Park Control of -- dismile -- dismile -- alternation --- Sy-07-17: The cores, Sund addition of 17. The real William St. Assessment and deright condents boun, The state control of the service of the ser c/11/cl t. ilmooln emetery rembesed, Maryland

1	FOR - STATE REGISTRAR		MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO		
	PECEASED NAME FIRST Will:	iam B.	MULVERHILL	20 DATE OF DEATH June	24 19	981 8:03P
3.5		4. RACE Caucasian	Jan. 7 1919	6 AGE (IN YEARS LAST BIR	THDAY) IF UN	IDER I YEAR IF UNDER 24 HRS
53	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED X NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY O Montgomer		DEATH
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2 pu 7 63	William	Mulverh		ne	Kir	ng LAST
Sedico	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, O 193	REMED FORCES? 166 SOCIAL SEC 6-57 231 44 5		verhill Se	e item]	13
lease remove corbon poperior, of, cremation, or removal. or ather traumatic event, the	PART I. DEATH WAS CAUS	only one couse per line for (o), (b), or SED BY: ATE CAUSE (o) DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c)	myocardial infarct	tion		APPROXIMATE INTERVAL BETWEEN OMET AND DEATH
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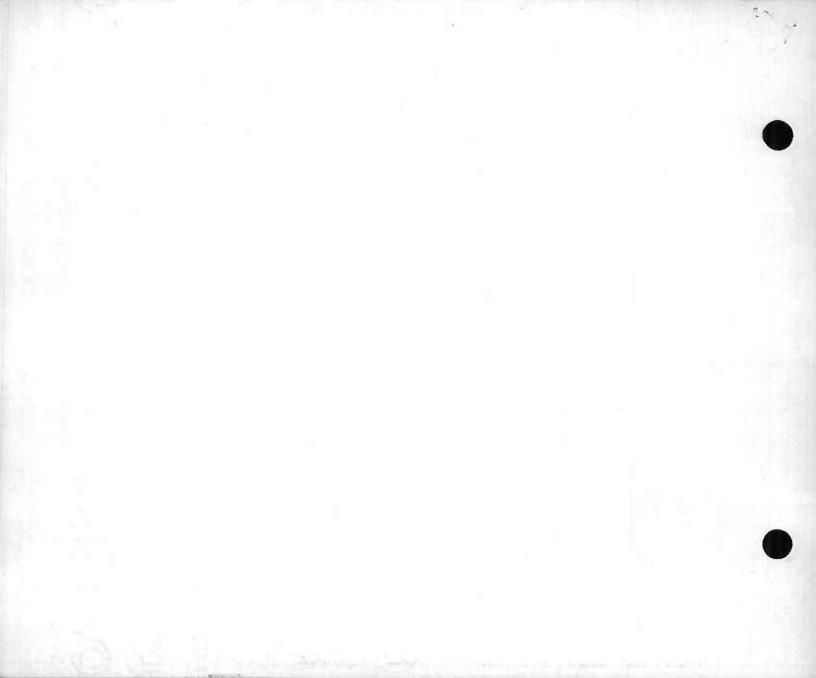
should be detached for u MPORTANT: If Item 21 is ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN June 26 1981 22e ADDRESS Michael A. WATTS, M.D. National Naval Medical Center, Bethesda, Md. 23a BURIAL, CREMATION, REMOVAL (SPECIFY) 230 NAME OF CEMETERY 236. DATE BP. Burial 24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1 (VRA 15, 4) Barranca Funeral Home DDRESS Severna Park Md

(our) opinion death accurred on the date and hour and from the comes stated

23s DATE SIGNED



American Anna Kanada 1950 mare in MARYLAND WHAT STAND THAT SHAPE STANDERS THE STANDERS Georgest State Councilled of I successful was a supply a say the worder and ALLE STREET STREET Early grant 196 Feel Land Courtey Breezeway G. Il Mil The Consider to the the 25 three to his the thing



BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

	1.	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND HEALTH AND MEN FICATE OF DEA	TAL HYGIE		G. NO.	6 3	9 4	
		CEASED NAME	ruce		ıncan		hols		20. DATE OF DEA	ТН монтн	1981	2b HOUR 9:00P	-
	3 SE			4 RACE		5 DATE O		- 4	AGE (IN YEARS L		IF UNDER LYEAR	IF UNDER 24 HRS	M
1		Male		Caucas	ian	Feb.	H DAY	YEAR	63	YR:	MONTHS DATS	HOURS MIN.	-
7	N	RTHPLACE (STATE OF COUNTRY) COUNTRY Jersey		USA	_	MARRIE		CED	BALTIMORE CO		NTY OF DEATH	M	D.
7	В	ethesda		Nation	al Naval	Medic	al Center		20 USUAL OCCU (TYPE OF WORK FOR A Ret ir	AOST OF WORKING		OF BUSINESS OR	
3	V	AL RESIDENCE (IF NUR. STATE irginia		OTHER INSTITUTION NTY doun	GIVE RESIDENCE BEFOR 13c. CITY OR TOW Middleb		Last		3. STREET ADDR Washing	ston St	P.O.	Box 134	3
2		Edward		ington	Nichol		15 MOTHER'S MA		MIDI		Barton	st 1	
2		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECL		17 INFORMANT	F-7-1		DDRESS		TN	
7		Yes	WWI	I	144 14 7	690	Brooke	Bradl	ey 1408	Woodmo	nt Blvd	Nashvi	11
	CERTIFICATION	Conditions, if ony gove rise to imm couse io statis underlying couse PART 2 OTHER SIGN	mediate ng the e lost.	DUE TO, OI		ENCE OF	NOT RELATED TO		AL DISEASE OR	20b. IF	GIVEN IN PART 1. YES, WERE FINDI	NGS USED	=
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7		OR CONTRIBUTING			M. MONTH D	AY YEAR			, territoria de o	,			
	MEDICAL	21d INJURY OCCUR	RED	21e. PLACE			211 LOCATION STREET		CITY	OR TOWN	COUNTY	STATE	-
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		22b. SIGNATURE	2 Di	Lucie	Thus		PHYS		MEDICAL DIRECTOR PH	STAFF IYSICIAN X		SIGNED . 198	1
		Mark O	. Bro	wning, N			22e ADDRESS National				er,Beth	esda, Md	
	(SURIAL, CREMATION, SPECIFY) Crema		23b DATE 6-19			emetery or cremolitan Cr	emator		exandr:	ia, Wirg		
	24 FL	INERAL DIRECTOR Roysto	on Fur	neral Ho	me Middle	eburg	, Va.	SSO DATE F	REC'D. BY REGIST	RAR 25b. REG	STRAR'S SIGNA	LURE TO THE	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH

Tell live ment need the graduat misses of the statement the contract of the contract o 3300 June Care Market Company Colors . Secret ena 71,550 Forcet ham centrally Dulker an in the branch was the barries for the

(A)	11-	FOR STATE REGISTRAR			SI DEPARTMENT O DICAL EXAM	F HEALTH)1	1 6	3 9	7
		CEASED NAME E OR PRINT)	FIRST		MIDDLE		LAST	7711	20. DATE KNOWN	MONTH	DAY YEAR	2b. HOUR
A 8 4 5 E			Geor		Todd		orris		DEATH MATED	0 6/15	19 8	1 M
A CHOR	3. SEX	1	4. RACE	5. DATE OF BIRTH	YEAR LAST BIR	HDAY) MONT		UNDER 24 HRS.	2c. DATE PRONOUNCED	MONTH	DAY YEAR	10:37
(neme)		ale	White	Dec. 20,	1911 69	YRS.			DEAD	6/15	19 8	LA. M
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	70. BI	RTHPLACE (ST REIGN COUNTRY)	ATE OR	76 CITIZEN OF W			ED X NEVER		9. BALTIMORE CITY			
変換を1つ		TY OR TOWN			SPITAL, NURSING HO	WIDOW		ONORCED LIST	Montgom	ery Cou	nty	MD.
AY IS THE PILED	110			(IF NOT IN SUCH FA	CILITY, GIVE STREET ADDRES	55)		FOR	MOST OF WORKING LIFE)		OR INDUS	TRY
DELAY 3 TO TH 3 TO TH 8 BE FILE 8 RDS, 20	USUA	L RESIDENCE		201 Uni	versity Bo	ulevar	d West	E.	lectronic	CS	NSA	100
ANY AND 3 RETAIL	13e. S		13b. COUN	ITY	13c. CITY OR TOWN	4	13d INSIDE CITY L		REET ADDRESS			the set
MD. 2 H. IF. 1, 2, A A 3. R O 2 SH UALRI		THER'S NAME	Mon	tgomery	Silver S	pring		MAIDEN NAME	Universit	A ROUTE	vard	west
DEATH, M PAN AND 2		ohn		Howard	Nor	ris	An		Marv		Leath	ers
MORA NOR	16a. V	VAS DECEASED	EVER IN U.S. AR.	MED FORCES?	16b SOCIAL SECU		17. INFORMAT		ADDRES		anca cr	
STON ST., BALTIMORE, V 24 HOURS AFTER DEA's VITEM 18, GIVE PAGES ALONG WITH FORM PYGEN IT PREMIT, POSEN DIVISION GEVOVAL.	ye	S, NO, OR UNKNO	WW1	WAR OR DATES)	578-38-3	3483	Nell	W. Nor	ris-wife-	-(same	as 1	.3e)
ST., B., FOURS A18. G WIT P. C. WIT P. C.		18 CAUSE OF	DEATH (Enter an	ly ane cause per line	e far (a), (b), and (c).)						APPROXIMA BETWEEN ONS	TE INTERVAL
N SI H HO NNG ERM ERM AL		PARTIDE	ATH WAS CAUSE MMEDIA	D BY: TE CAUSE (a)	cute myoca	rdial	disease				OZ, WZZI WON	T. A. L. D. C. A.
PRESTON THIN 24 H CIL IN ITEM ANSIT PER AL HYGIEN REMOVAL		401	//	DUE TO, OR	AS A CONSEQUENC	CE OF				200		
WITHIN NCIL IN INCE INCE	-	gave ris	s, if any, which e ta immediate									
201 W. JTED W IN PEN EXAMIL IAL - TR OMENT		lying caus	stating the <u>under</u> - se last.	DUE TO, OR	AS A CONSEQUENC	E OF						
RDS, 201 V EXECUTED ING." IN PE IN P		AART 2 DINES CO	MILICANY CONDITIONS	(c)	All has of the Table							
S #35555	N O			CONTRIBUTING TO DEATH	None	ERMINAL DISEAS	E OR CONDITION GIV	VEN IN PART 1 (a)				
SHOULD ORD "PE CHIEF A RE USED A RE	CERTIFICATION	19a. DATE OF	OPERATION	196 CONDI	TION FOR WHICH OF	PERATION W	AS PERFORME	D?			20 AUTOPS	Y?
ASSE SE	RTIFI	None									YES 🗌	NO K
IVISION OF CERTIFICATE TIING THE W 3ED TO THE DEPARTMEN 1 PRIOR TO		UNDERLYING	L CAUSE WAS			EAR 21c H	OW INJURY OC		NATURE OF INJURY IN ITEM	18 PART 1 OR PART :	2)	
STIFIC TO	MEDICAL	CONTRIBUTING	G CAUSE OF		OF INJURY (AT HOME	216.10	CATION	None				
	WE		NOT WHILE C		TORY, FARM, ETC		TREET		CITY OR TOWN	COUN	TY	STATE
FR. T CATE, FORW OR: P HE ST 'ND, 2		220 certif	y that I taak charç	ge of the remains de	scribed abave, held a	n Autap	sy . In	spection .	Inquiry X,	and in my apın	ian	
MAN SYLAMINA		death resulte	d fram Natu	ral causes X,	Accident,	Suicide	Hamicide		termined manner],		
A A A A A A A A A A A A A A A A A A A		ACTUAL	//	001	1		TITLE (SPEC			DATE	(1=1	07
SE SE		SIGNATURE	10	as (1	24 M	Deput		ICAL EXAMINER	SIGNED.	6/15/	OT
TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERL DIRECTOR: PAGING AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120		EXAMINER'S (TYPE OF PRIN	Jol	hn S. Rog	ers, M.D.		ADDRESS S	llver Sp	nary Road ring, Mont	gomery	Md.	
3 10 53 45 48	23a.B	URIAL, CREMAT	ION, REMOVAL	23b DATE	23c. NAME OF	CEMETERY O	R CREMATORY	23d. LC	OCATION ORTOWN	COUNTY		STATE
BP	C	remat:	ion	6-16-8	Metropo	olita	crem	atory	Alex., A	lexand	ria	Va.
DHMH - 17	24. F	warne:	E. Pu	mphreyous	Ing.	13-		IIIN 1 8	y registrar 131 6	my /	The state of	4
(VR A15 ME (5)) 15M 2/80	43	4 Ga.	Ave	S.S. Md	1990	1		2011 1 0		/		,

1,05 JEST 10 at 1910 Cartin M. Elvin to the transfer of the Samuel and the spring results . Service Thilleson of stube

			STATE OF MARYLAND	e 1	1 7 0 0
1.	FOR STATE	DEPAR		GIENE B	6 3 9 0
	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
	OR PRINTS &	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	KARL	· H ·	NOYES	06:	12:81 10:00 AM
3 SE	Х	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS.
	MALE	WHITE	11:15:23	57 YR	
70. B	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	* 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
V	UASh. D.C.	U.S. H.	WIDOWED DIVORCED	MONTE	OMERY G. MD.
10 C	TY OR TOWN OF DEATH			120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
5	illust young	Holy Cross	Horp	Goot	ELE CTRONICS
130	TATEL 1136 COUR	ROTHER IN STATE OF THE STATE OF	RE ADMISSION) WN 134 INSIDE CITY HAUTS?	13. STREET ADDRESS	
1	nd m	lont. silver	Saring YES NO 1	1715 Cods Ar.	
14. FA	THER'S NAME	MIDDIE JAST	15. MOTHER'S MAIDEN NA	AME O	
	KARL	H. NOXE	S SR. MARGI	4RET	KRAUS
	VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS	15 CODY DR.
	YES WU	WII 816-30	EDWARD !	NOYES SIL	VER SPR. Mel.
	18 CAUSE OF DEATH Enter on	nly one couse per line for (a), (b), d	adje - 10		APPROXIMATE INTERVAL
		D (1.2) /1	story tailait		4 days
	1629	DUE TO, OR AS A CONSEQ	JENCE OF	noved Bats	C C
	Conditions, if ony, which	(b) Lung	Cancer		8 mu
	couse (a), stating the	DUE TO, OR AS A CONSEQUE	JENCE OF		
	underlying cause lost	(c)			THE STATE OF THE STATE OF
_	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION (GIVEN IN PART 1/0
ē	Hepatie 1	netastasis			
Q V	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
E E				YES NO NO	YES NO
			DAY YEAR 216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	8 PART 1 OR PART 2)
CAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19		
AED.				CITY OR TOWN	COUNTY STATE
`	AT WORK AT WORK				
		1.1.0	. 17		
	obove (1) (we) (did) fold no			death accurred on the date and h	nour and from the causes stated
	226 SIGNATURE	Α Λ		ALLEDICAL CTASS	22c. DATE SIGNED
1	1400 Pr 710		PHYSICIAN	DIRECTOR PHYSICIAN	6/12/8/
			22e. ADDRESS	A +110	011.0
	PETER B, SI	HERER M	n 1109 Spring	9 71 THOU	silver spring ma
230	URIAL, CREMATION, REMOVAL	1/100		23d. LOCATION	COUNTY - CLASE A
6	REMATION	6-15-1981 0	EDAR HILL CRE	M. SUITZAN	ID P.G.C. Md.
24 FU	JNERAL DIRECTOR	BERS CO INC.	8653 GEORGIA AMEDA	TE REC'D. BY REGISTRAR 251 REG	ISTRAR'S SIGNATURE
	1. DE (1797) 3. SE 70. B) 10. C (1797) 10. C (1797) 10. C (1797) 11. F.A. F.A. (1797) 11. DE (1797)	1. DECEASED NAME FIRST (IVPE OR PRINTS APPLIED TO PRINTS APPLIED T	1. DECEASED NAME (179° OR PRINS) 3. SEX 4. RACE 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) COUNTS!) 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURS (IF NOT INSUCH EACHITY, GIVE RESIDENCE BEFORM IN THE COUNTRY) 13. COUNTY 14. FATHER'S NAME FIRST MADDIE 15. CAUSE OF DEATH LETTER ONLY 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) 17. MATTIL DEATH WAS CAUSED BY IMMEDIATE CAUSE (O) DUE TO, OR AS A CONSEQUENT OR STATE OR TOWN OR STATE OF DEATH Underlying crouse lost. 17. DEATH WAS CAUSED BY PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (O) DUE TO, OR AS A CONSEQUENCE OF DEATH Underlying crouse lost. 18. CAUSE OF DEPARTION 19. DATE OF DEPARTION 19. DATE OF DEPARTION 19. CONDITION FOR WHICH 19. CONDITION FO	TO STATE REGISTRAR T. DECEASED NAME TYPE OF RINKY TO BIRTHPLACE TO BIR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRA T. DECEASED NAME THE CORPORATE THE DECEASED NAME THE DECEASED NAME THE DATE OF DEATH REGIND THE DATE OF BRITH REGIND THE DATE OF DEATH REGIND THE DATE OF BRITH REGIND THE DATE OF WHAT COUNTRY? REGIND THE DATE OF DEATH REGIND THE DATE OF BRITH REGIND THE DATE OF DEATH REGIND REGIND THE DATE OF DEATH REGIND THE DATE OF DEATH REGIND REGIND THE DATE OF DEATH REGIND THE DATE O

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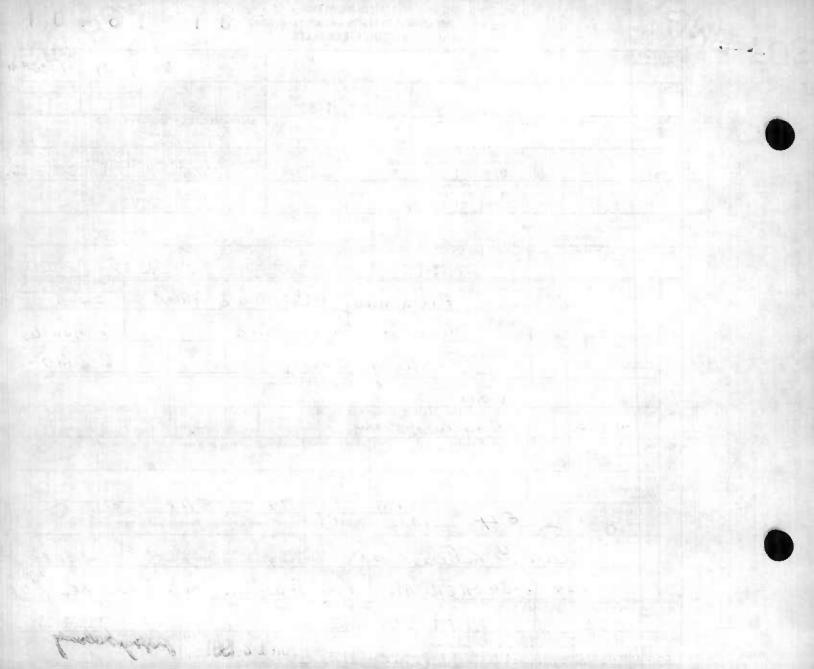
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

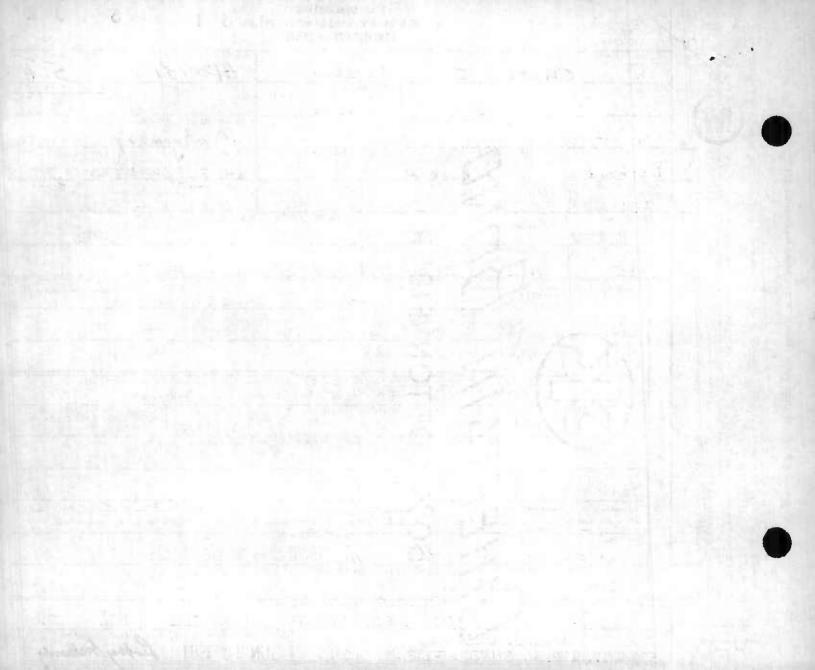
William Committee the single in the extremely the special account.

D	13	1.	FOR STATE		DEPARTN	NENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENES 1	6 4 0 0
			REGISTRAR CEASED NAME FIRST FOR PRINT)	Charles	MIDDLE E.	CERTIF	AST O'Hara	REG. NO.	DAY YEAR 26 HOUR 5 8/ 135 M
	(M)	3. SE	X Male	1. RACE White	Augus ,	5 DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 1 HRS
•	oth Par 72 House	7a. B	IRTHPLACE (STATE OF FOREIGN COUNTRY)		WHAT COUNTRY?	8 MARRIE	/ /	9 BALTIMORE CITY OR COL	
	by the limited driving of the limited driving	10 C	ITY OR TOWN OF DEATH Bethesda	11. NAME OF		G HOME C	DR OTHER INSTITUTION	Montgomery 120 USUAL OCCUPATION (TYPEOF WORK FOR MOST OF WORK GOVT. Employ	12b. KIND OF BUSINESS OR
ND 2120	24 hours	USU 13a	AL RESIDENCE (IF NURSING HOME STATE 136, CO	OR OTHER INSTITUTION	_	ADMISSION)	134 INSIDE CITY LIMITS?	13. STREET ARDRESS lear	
MARYLA	mpletely fond 2 sho	_	ATHER'S NAME FIRST Edward		O'Hara		15 MOTHER'S MAIDEN NAM		(Unavaïlable)
IMORE, I	n ond cor Pages 1		WAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) LIF YES, (ARMED FORCES? GIVE WAR OR DATES)	568 10 7		Marion K. O'		Same as #13
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	that the death certificate d by the attending physicis lease remove carbongoper iol, cremotion, or removal.		18 CAUSE OF DEATH IENTED PART I. DEATH WAS CAU IMMEDICATED Canditians, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, O	R AS A CONTROLE	la	iac Ar	rest Diseas	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CORDS, 20	requires een signe it. Then p ior to bur iy injury.	ATION	PART 2. OTHER SIGNIFICAN		ONTRIBUTING TOP	EATH BUT		NA DISEASE OR CONDITION	IF YES, WERE FINDINGS USED
ITAL RE		CERTIFICATION	21g. ACCIDENT WAS UNDERLYING						ERT IFYING CAUSES OF DEATH? YES NO NO
ON OF V	ING PHYSICIAN: The Is a catending physicion. After this certificate hos os the burnd-tronsit per ith and Mental Hygiene orked or Item 18 shows	MEDICAL C	OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	DEATH HOUR A.	M. MONTH DA M. OF INJURY	19	211 LOCATION		
DIVISI	Or	W	WHILE NOT WHILE AT WORK 22a I certify that (1) (this has	pital) attended th		Ma	Agent Control of the	city or town	COUNTY STATE
	DR ATTI Pospit Ched for Dept of Item 21	,	sow the deceased offer shove in two identified of the shown at urs.	/_	ofter death 19	, "	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
. 0	TO HOSPITAL OF PROPING BY THE TO FUNERAL Eshould be detonwith the State Elimportant: IMPORTANT: If	6	BOO	K.	Kin	-	16220	Frederic L	ed Kaith
12	BP		BURIAL, CREMATION, REMOVA	June 8	3 1981 G	late o	emetery or crematory of Heaven Cem		Montgomery Md.
	DHMH - 16 50M 1/B1 (VRA 15, 4)	24 1	OBENTA DEV	Funera	I Home		ington D.C.	REC'D, BY REGISTRAR 256, RE	GISHAR'S SIGNAPURE

Cort. S. I said the . Jack Be done (bidoltavneJ) hend - benedit Service Temperate Libert Ed. Service ged never Harris Harris El I Section - .041 BT 14 S 322 Contraction of a statement

15	1.	FOR - STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE B REG. NO.	16401
be 3		CEASED NAME FIRST E OR PRINTI	ELEANOR E.	OMOHUNDRO		ONTH DAY YEAR 25. HOUR 6 9 81 530 AM
may be page 3	3. SE		4 RACE	5. DATE OF BIRTH	& AGE JIN YEARS LAST BIRTHD	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS
director, ours afte		FFMALE	CAUCASIAN	JULY 7, 1922	58	MONTHS DAYS HOURS MIN
eagn: 172 hou		IRTHPLACE (STATE OR FOREIGN OUNTRY) PENNSVIVANTA	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DNORCED	MONTGOME	
after the fundithing within		ITY OR TOWN OF DEATH	(# NOT IN SUCH FACILITY, GIVE STREET	IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	N 126 KIND OF BUSINESS OR INDUSTRY
filed must		TIVER SPRING	902 HELENA D	RIVE	ANALYST	FEDERAL RESERVE BU
filled i	130	STATE 136 COUR	13c. CITY OR TOW		130 STREET ADDRESS 902 HELENA	DRIVE
12 sho	14. F.		MIDDLE LAST	15 MOTHER'S MAIDEN NAM	MIDDLE	WARNESO'Ñ'
and and	140.	EDGAR WAS DECEASED EVER IN U.S. AR	H. OMOHU		E.	
Pages 1			war or dates) 577-22-8			IE AS 13 FRIEND
physici papers. emoval. iic even		PART I DEATH WAS CAUSE		monary + CAR	Diac ARR	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 24 G
ending carbon in, or re raumat		1830 MAREDIAN	DUE TO, OR AS A CONSEQUE	NICE OF		(11 41
the att		Conditions, if ony, which gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	tatic Carcinos	ma	6-8 MO.
red by fease re urial, cr ury, or		underlying cause last	(CAN	ser of overy		
Fren p Then p or to bu	N Q	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDI	TION GIVEN IN PART 1(0)
e has be bermit. ene pric	CERTIFICATION	HI31 &1	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		20). IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
this certificate urial-transit pe Mental Hygier d or Item 18 st		210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY	21 HOW INJURY OCCURR	- 7	
is ce	₹	(IF EITHER, NOTIFY MEDICAL EXAMINER)	PM	19		
After th the bur h and N narked	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TOR: Use as if Health			ral) offended the deceased from	ond that in (my) (our) opinion of	eath occurred on the date	that (1) we) lost ond hour and from the causes stated
hospital DIRECT hed for the control Dept. of If Item 2		saw the deceased alive on obove, (1) (we) (did) (did no 27b. SIGNATURE	y view the body ofter death.	DEGREE		22¢ DATE SIGNED
ERAL e detac State		22d PHYSICIAN'S NAME LTYPE OF	RPRINT)	ATTENDING PHYSICIAN P	MEDICAL STAFF DIRECTOR PHYSICIA	
TO FUNERAL C hould be detach with the State D IMPORTANT: I		MAX	G.SHERER	NO FOO PERS	Hung Dric	of Silver spring, Md
BP S S	23a (BURIAL, CREMATION, REMOVAL SPECHY) BURIAL		NAME OF CEMETERY OF CREMATORY COLUMBIA GARDENS	23d LOCATION CITY OF TOWN ARLINGTO	ON COUNTY VIRGINIA
DHMH-16 25M		UNERAL DIRECTOR FRAN	CIS J. COLLINS	250. DATE	REC'D. BY REGISTRAR 25	
(VRA 15, 4) 1/79	5	OO UNTV. BLVD. W	SILVER SPRING.	MD. 20901	0	





STATE OF MARYLAND

AND AND ADDRESS OF A SECOND STATE OF A SECOND ST MIN 3 0 1981 Feet Marker &

)		FOR			DEPARTA		E OF MARTLAND EALTH AND MEN		ENE 8 1	- 1	6 4	0 4
	1	- STATE REGISTRAR					ICATE OF DEA			G. NO.		
o t t 2 3	1.	DECEASED NAME	DOLORI	MID	DIE	DA	PALACIO	50	20 DATE OF DEAT	H MONTH	DAY YEAR	26 HOUR
page 3 er death	3	SEX		I RACE		5 DATE C	OF BIRTH		AGE (IN YEARS LA	ST BIRTHDAY)	11981 UNDER I YEAR	IF UNDER 24 HRS
resolution	1L	FEN		White		3	12	1912	69-	YRS	MONTHS DAYS	HOURS MIN.
72 ho	6	BIRTIPLACE (STATE COUNTRY) Nicara		Nica:		MARRIE	D NEVER MAR	RIED	Montgon		Y OF DEATH	
the form	1	CITY OR TOWN OF				WIDOWE IG HOME (ADDRESS)	OR OTHER INSTITU		12a USUAL OCCU	PATION OST OF WORKING	12b KIND (OF BUSINESS OF
fin by	4	SUAL RESIDENCE (IF)	NURSING HOME OR C	WASH L	VE RESIDENCE BEFORE	ADMISSION)	ENTIST	- H,	Homemake	r		Home
shauld b	7	D.C.	M. CORRI	IY	Washing	/NI	13d INSIDE CITY YES NO		3e STREET ADDRE		P1. N.W.	
O 000	11	FATHER'S NAME		IDDLE	LAST		15 MOTHER'S MA	1	E MIDD	LE.	D 7 - 1	ST
0 -	10	Roseno WAS DECEASED E	ER IN U.S. ARM		Casdllo		MOQ:	esta	A	DRESS	Palaci	LOS
medical	3	NO OR UNKNOWN	(IF YES GIVE	WAR OR DATES)	579-64-8		Roger R	Palac	ios, Son	ame	as item	n 13
, the	-	7-	ATH Enter only	one couse per lin			1	. //		n A		XIMATE INTERVAL LONSET AND DEATH
even		PART I. DEATI	IMMEDIATE		ande	0-)	ocher.	alor	4 an	sef.		OF SET PRING OF ATT
ofic		430	0		S A CONSEQUE	AFOF	1 1-11	7-	11	2 4	11/100	-1-17
noum		Conditions, if o		(16)	/	1	roce	ou	1 p ne	e nel	neg	
ather tr		gave rise to cause (a), st underlying co	oting the	DUE TO AS	S A CONSEQUE	280	MARA	1 ho	111000	lago	0	
urial		PART 2 OTHER S	IGNIEIC ANT CO	ONDITIONS CON	TRIBUTING TO I	SEATH BUT	NOT RELATED TO	THE TERMIN	uce a	2076	IVEN IN PART 1	
to b injury		5	TOTAL CO	5.15morto <u>con</u>	TRIBOTIF O TO L	DEATH BOT	NOT RELATED TO	THE TERMIN	ANT DISEASE OR C	OND PING	IVEN IN PART II	0,
ws any		190 DATE OF OPE	RATION	196 CONDITIO	ON FOR WHICH	OPERATIO	N WAS PERFORME	ED	284 AUTOPSY?	20b. IF Y	ES, WERE FIND	INGS USED
shows	1								YES NO		IFYING CAUSES	S OF DEATH?
E 00 /	1	an ancientaria f		21b. TIME OF II HOUR A.M.	NJURY MONTH DA	AY YEAR	21c. HOW INJUR	Y OCCURRE	D (ENTER NATURE OF	INJURY IN ITEM 18	PART 1 OR PART 2}	
Hem		(IF EITHER NOTIFY A	EDICAL EXAMINER)	P.M.		19						
		21d INJURY OCC	WHILE	21e PLACE OF	FACTORY OFFICE, F.	ARM, ETC }	21f. LOCATION STREET		O CITY O	NWOT SO	COUNTY	STATE
morked		AT WORK	WORK			ALD	1015	01	()	10-1	11	
Heo is m			(I) (this hospite cosed alive an	Mattended the d	3 from 3	21	7	901	_, 10 XIII	W/	, 190	that (1) (we) la
3 2		above, (1) (we 27b, SIGNATURE	(did) (did not)	view the body aft	er death.		d that in (my) (our	- opinian de	oth occurred on th	e date and no		
71. If he			guel A.	Rodigue	8		DEGREE ATTE PHY	NDING *	MEDICAL :	STAFF YSICIAN [1981
with the State		22d. PHYSICIAN'S	NAME ITYPE OR	A. R	ODRIG	ME	17e ADDRESS	34	FOWE	V AU	D.T.1	2ku
€ 3 ₹	23	BURIAL, CREMATIC		236 DATE 6/6/1983	L Z3c N	NAME OF C	Memoria	MATORY 1 Gard	23d. LOCATION ens Cem.	Silve	er°Sp ri n	ng, Mare
OM 1/B1	24	FUNERAL DIRECTOR	Joseph	Gawler	s Sons	Inc.			REC'D. BY REGISTI		TRAR'S SIGNA	TURE
, 4)		5130) Wisc.	Ave., N.	W. Wash	. D.	U.	UIV	1981	proy	May Mill	sway

13:01 15:41 HISPANIC 3 33 ME 69 gar certi-Arriganos Catolia TRICKER IN NOW SHOW AND PROFILED HE BORDERS 1346 GOK R. TOOM & Colooks of Will sing 1. 16. office of the contract of the 1979-14-3773 Rover I rely ches, en. con as from It inel . ciuca x x in . I will on or in the series of the live of the Joseph maler's cone inc.

(IM)		REGISTRAR CEASED NAME FIRST OR PRINTI	MIODLE	7)	ICATE OF DEATH	REG. N 20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
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4 9 E	3 SE	FEMALE	White	S. DATE (H DAY YEAR	6. AGE (IN YEARS LAST BE	rthday) IF UND	DAYS HOURS MIN,
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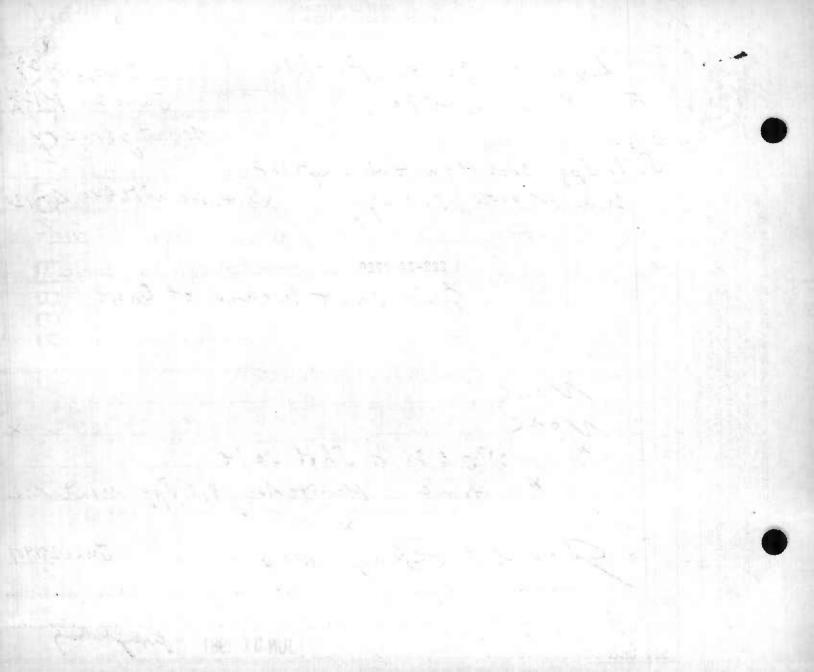
FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-14ST BIRTHDAY) IF UNDER 1 IF UNDER 24 HRS DATE PRONOUNCED DEAD 70 BIRTHPLACE MARRIED NEVER MARRIED FOREIGN COUNTRY) Dolawaro DIVORCED WIDOWED ID. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION M PM 3. RETAIN PAND 2 SHOULD BE Clorb 30. STATE 134 INSIDE CITY LIMITS 13e. STREET AD MIAL 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE MIDOLE LAST Edgar Marvin Jones Clara Bollo Flli DIVISION 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7. INFORMANT (YES, NO, OR UNKNOWN) 222-28-9729 Donovan Pirble CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, DI RIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 19s DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20 AUTOPSY? TO BURIAL, DIVISION OF VITAL ICATE, WRITING THE WORI FORWARDED TO THE CH TOR: PAGE 3 SHOULD BE U THE STATE DEPARTMENT O YES | 216. TIME OF INJURY 230R HOURA.M. MONTH DAY UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH PAGE 4 SHOULD BE FORWARDEE

TO FUNERAL DIRECTOR: PAGE 3

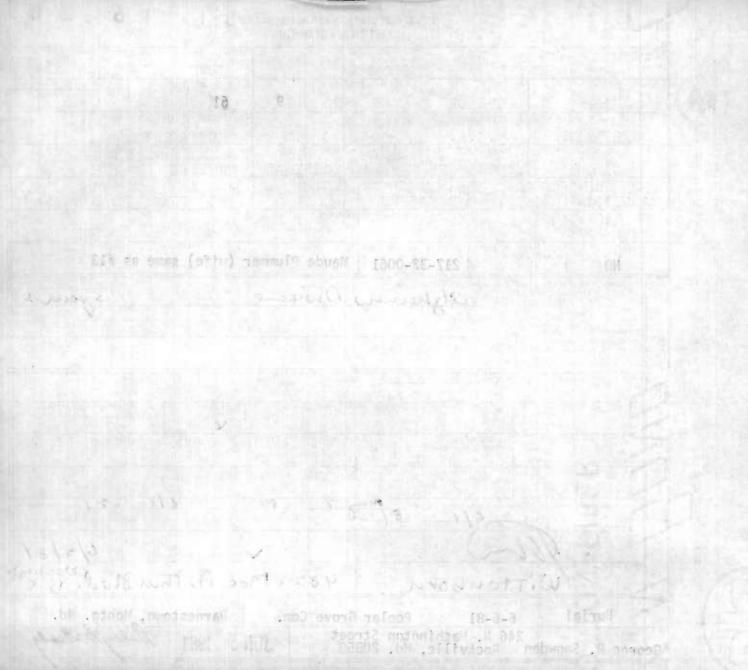
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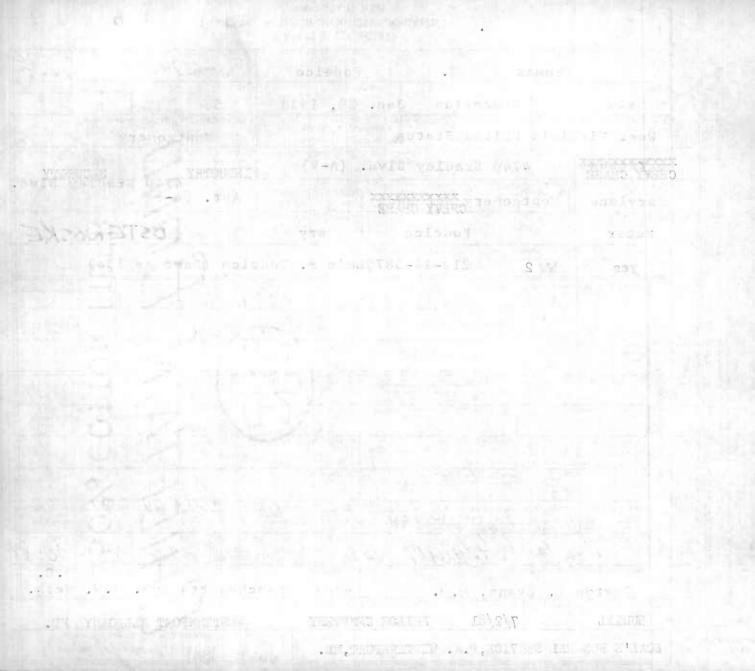
BALTIMORE, MARYLAND, 21201 P NOT WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection ond in my opinion Suicide 2 death resulted from: Natural causes Accident Homicide Undetermined manner TITLE (SPECIFY) SIGNATURE MEDICAL EXAMINER Rogers ADDRESS 1919 Seminary Road (TYPE OR PRINT) 23g.BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Burial 30.1981 St. Mark's Cemeteru BP Delmar Delaware JUN 3 0 1981 24 FUNERAL DIRECTOR Francis J. Callins **DHMH-17** (VR A15 ME (5)) 500 University Blvd. Silver Spring 15M 2/80

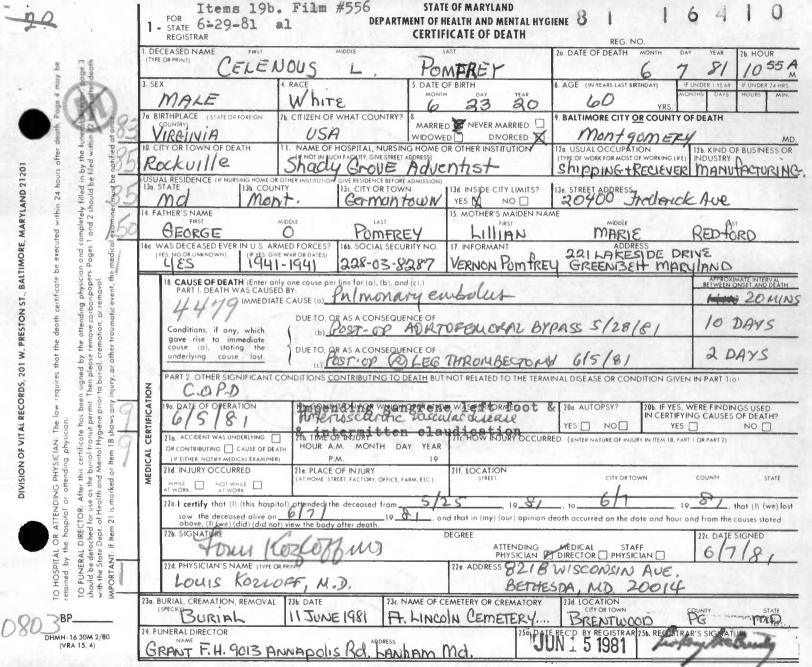
STATE OF MARYLAND



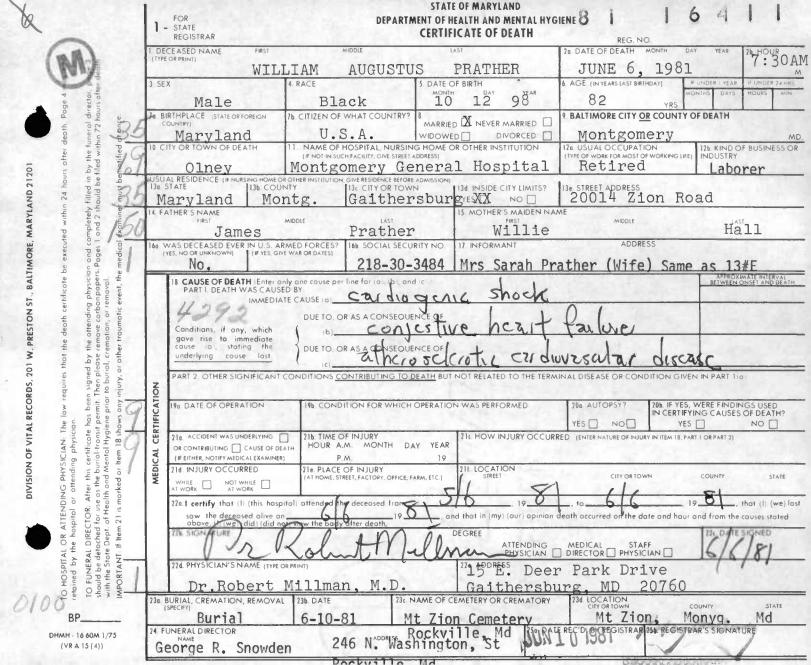
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5	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.					
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0260 BP	Burial, Cremation, Remova (SPECIFY) Burial		name of cemetery or crematory oplar Grove Cem.	Darnestown, Mo					
DHMH - 16 60M 1//5	George R. Snowde	246 N. Washingt en Rockville, M	on Street d. 20850	TERECO. BY REGISTRAR 256. REGISTR	AR'S SIGNATURE				







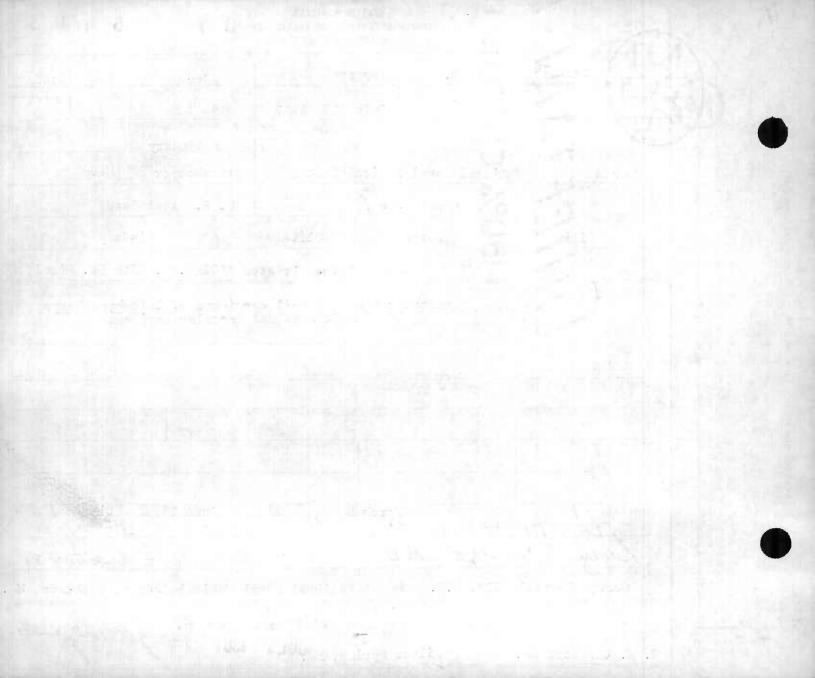
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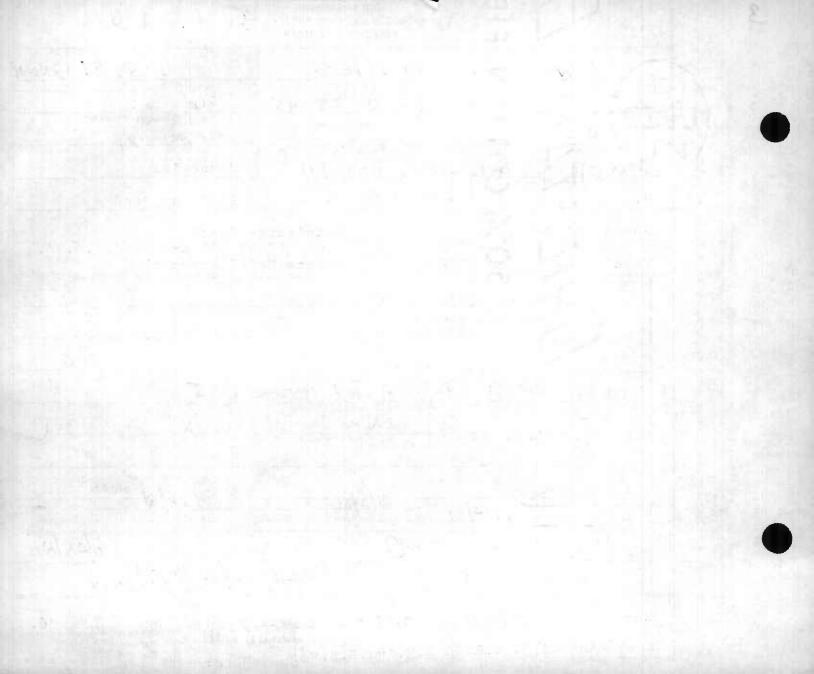
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN 7b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED 7 1981 Robert Prentice James 24 HOUR 4:00 4 RACE IF UNDER 24 HRS. 5 DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. 2c. DATE LAST BIRTHDAY PRONOUNCED 2, 1948 DEAD Feb. 10 1981 Male White YRS 76 CITIZEN OF WHAT COUNTRY? TIL BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Rhode Island U.S.A. Montgomery County, WIDOWED [DIVORCED IN CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE! Fish Hole - Potomac River None Manager Finance USUAL RESIDENCE (IF IN NURSING MOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS P.G. Adelphi Maryland Co. 1900 39th Street YEST 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FORM P. MIDDLE LAST MIDDLE FIRST EIRST Prentice James Margaret Proulx 16e. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 7. INFORMANT ADDRESS New Harbor IYES, NO, OR UNKNOWN) THE YES GIVE WAR OR DATES 004-48-8143 James C. Prentice Temaguid Trail Maine Vietnam APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ATE, WRITING THE WORD FERVELLE EXAMINER ALUNCATE, WRITING TO THE CHIEF MEDICAL EXAMINER ALUNCATE SHEEGES AS A BURAL - TRANSIT PERMIT IS SHEED FEARTH AND MENTAL HYGIENE, DATE SHATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, UND 21201 PRIQR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Drowning IMMEDIATE CAUSE (a)____ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF Ivina cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOURXAXIX MONTH DAY YEAR UNDERLYING SOR 6 181 subject drowned while swimming CONTRIBUTING CAUSE OF DEATH PM 211. LOCATION 21e PLACE OF INJURY 21d. INJURY OCCURRED LAT HOME AT WORK AT WORK STREET, FACTORY, FARM, ETC.) Fish Hole - Potomac River. Mont. Co.. river PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 2 220 I certify that I taak charge of the remains described above, held on Autopsy Inspection Inquiry and in my apinion Natural causes Hamicide ____ Undetermined manner death resulted fram-TITLE (SPECIFY) ACTUAL 6/11/81 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME III Penn St. Balto., MD. Virginia L. Dolan, M.D. (TYPE OR PRINT) 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY June/13/81 Cedar Hill Crematory Suitland, P.G. Co., Maryland Cremation BP 250. DIVEREC'D. BY REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** VR A15 ME (5) Chambers Funeral Home Riverdale, Maryland 15M 2/80

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STATE OF MARYLAND



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MPORTANT: If Item 21 is

	FOR STATE REGISTRAR			DEPARTM	ENT OF	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE B	6 4	16	
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	3. SEX Male	4.	Caucas	ian		of BIRTH 2, DAY 928 YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR MONTHS DAYS		
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.7	10 CITY OR TOWN OF DE. Bethesda	ATH II				or other institution ical Center	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Captain Peru	ING LIFE) INDUSTRY	OF BUSINESS OR	
5	MUSUAL RESIDENCE IF NUR 130. STATE Maryland	136 COUNTY		GIVE RESIDENCE BEFORE A 134 CITY OR TOWN Bethesda		13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 4520 East We	Apt. 3		
C	Julio	Reat	egui	Gonzale	s	Jobita	MIDDLE	Pezo		
1	160 WAS DECEASED EVER (YES, NO OR UNKNOWN) NO	IN U.S. ARME		N/A	ITY NO.	ODR Enrique	Rd ADDRBeth Villa Garcia, 4			

CAUSE OF DEATH (Enter only one couse per line for (a), (b), and BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY failure, small bowel obstruction OUENCE OF complicated by coagulopathy Conditions, if any, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES Z NO [ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION

and Mental Hygiene prior O FUNERAL DIRECTOR should be detached with the State Dept.

DHMH - 16 50M 1/81 (VRA 15, 4)

Session National Naval Medical Center, Bethesda, Md. 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN COUNTY STATE

22e ADDRESS

DEGREE

ATTENDING

PHYSICIAN [

REGISTRAR 25b. REG 11800 New Hampshire

AT HOME STREET, FACTORY OFFICE FARM ETC)

220.1 certify that (1) (this hospital) attended the deceased from

saw the deceased alive

22b. SIGNATURE

22c. DATE SIGNED

COUNTY

STATE

CITY OR TOWN

Tune

and that in (hy) (aur) opinion death occurred on the date and hour and from the causes stated

DIRECTOR PHYSICIAN

MEDICAL

. (The family 1881 and to the second sec

- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Tende hite 11 4 1922 58

[Illinois U.S.A. Butter Y Wilst Horden Housewife Auryland Potemae X 9121 Padduck Lune Maryland Potemae X 9121 Padduck Lune Marold Rubert Sampson Ruth Allan

Purial System Wheeler Funeral Here, Inches Thinoid Tysem Wheeler Funeral Here, Inc.
1531 Nockville Fike Fockville, Md. 20852

127	1/		STATE OF MARYLAND	
		1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	5 4 8
	P	1 05	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
	. /		CEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MON OF ESTI-	TH DAY YEAR 26. HOUR
	での世界を		DEATH MATED 10 8	14 1081 A
	当是18年間	3. SE	MONTH 2 DAY 1 QA 7 LAST RICHDAY	124 HOUR
	5【那個】		female Caucasian February 5.4Rs. DEAD CON-C	- 14 1981 93
	SESSE BY THE SESSE	7a. B	IRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COL	INTY OF DEATH
-	AN 18 1 1	No	orth Carolina United States WIDOWED DIVORCED MONTE	omery MD
	お茶品品	10. C	ITY OR TOWN OF DEATH 128. WAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128. USUAL OCCUPATION (TYPE OF WOL	K 12h KIND OF BUSINESS
	\$02.50C		1) et nesa 2 7709 Charleston Da Homemaker	OR INDUSTRY Home
- 5	OR OR	USU A 13a. S	AL RESIDENCE (IF IN NURSING, FOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION)	
2120	A & A A A A	No	TATE OF COUNTY Guilfo indicity or town or the Carolina Greensboro Steen St. And St. And	rews Rd.
0.0	FTER DEATH. IF F PAGES 1, 2, FORM PM 3. ES 1 AND 2 SI ON OF CALL	14. F/	ATHER'S NAME	
 .×	A P P P P P P P P P P P P P P P P P P P		William F. Hayworth Myra	Gulley
AOR	PAGORA	16a. V	VAS DECEASED EVER IN U.S. ARMED EODOES?	0-220)
BALTIMORE,	URS AFTER I		ES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 240-38-9582 E. Kemp Reece Same as	13
	WII WII		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL
W. PRESTON ST.,	HIN 24 HOU IN ITEM 18 R ALONG SIT PERMIT. HYGIENE, I		PARTIDEATH WAS CAUSED BY: GENS Shot. WOUND. of Head.	BETWEEN ONSET AND DEATH
101			7332 (DUE TO, OR AS A CONSEQUENCE OF	
RES	MITHI INER IANSI IAL H MOV	190	Conditions, if any, which gave rise to immediate (b) 58/3: In the et ed	
3.	ENCIL IN AMINER A TRANSIT ENTAL HY REMOVAL	100	cause (a) stating the under- DUE TO, OR AS A CONSEQUENCE OF	
301	N P EX P		lying cause last.	4427
			PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED ID THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
DIVISION OF VITAL RECORDS,	"PENDIN FE MEDIN FE MEDIN FE AED AS A FED AS A HEALTH CREMATI	NO N		
RE	CREATER A	CERTIFICATION	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
IA	CHEF E CHIEF BE USED NT OF HE	Ĕ		YES NO X
J-V	S CERTIFICATE SH RITING THE WORK RDED TO THE CH E 3 SHOULD BE LE E DEPARTMENT OF	GE	216 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR HOUR A.M. MONTH DAY YEAR	PART 2)
NO	5 T 5 S S S S S S S S S S S S S S S S S	MEDICAL	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P & 6-14 1981 Shot self- Rttem Die 22 Ca	e 18261a_
/ISI	CERT TING DED 3 SF DEPA	ED	214 INTILIPY OCCUPPED 216 PLACE OF INTILIPY AT HOME 211 LOCATION	COUNTY STATE
ā	WRIT WARDI PAGE STATE D	Σ	WHILE AT WORK AT WORK A NOT WHILE AT WORK A NOT WHILE AT WORK A NOT WHILE AT WORK AT WORK A NOT WHILE AND WHILE A NOT WHILE A NOT WHILE A NOT WHILE A NOT WHILE AND WHILE A NOT WHILE AND WHILE A NOT	da Mente Ma
			220. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my	
	XAMINER ERTIFICATI ID BE FOI DIRECTOR: WITH THE ARYLAND, 2	-0.5	death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined manner .	apman
-	XAMI ERTIF ID BE WITH		A A ANNE (ARCHY)	
	MAR WAR		ACTUAL SIGNATURE M.D. DEPUT & MEDICAL EXAMINER SIG	Len 14,1991
	SHCALL SHCALL		7936 Old Georgetown	Rd.
	MEDIC CUTE TI SE 4 SI FUNER FUNER TIMORE		bethesda, marviand	
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATION TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE BALTIMORE, MARYLAND, 2	23a. B		North
		(5	URIAL CREMATION, REMOVAL 236. DATE June 1236. NAME OF CEMETERY OR CREMATORY FOR STORY Burial 16, 1981 Forest Lawn Cemetery Creensboro	Carolina
	BP		UNERAL DIRECTOR Robert A. Pumphrey Funeral 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR	
	(VR A15 ME (5))		Retherda Maryland Wille 1 0 1001	of Marchande
	15M 7/77		Home Bethesda, haryzana	

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ENTINE DE CIONERSONS	Tall Committee	teling 1887.	of introc
		A. Pamphyoy Sun in, Krzyland	

FOR 1 - STATE REGISTRAR L DECEASED NAME (TYPE OR PRINT)

MALE a BIRTHPLACE (STATE OR COUNTRY

10 CITY OR TOWN OF DI OLNEY

USUAL RESIDENCE (IF NU 130 STATE MARYLAND 4 FATHER'S NAME

George 160 WAS DECEASED EVE (YES, NO OR UNKNOWN) No 18 CAUSE OF DEA

23a. BURIAL, CREMATION (SPECIFY)

24 FUNERAL DIRECTOR

Gartner Sandison F. H.

MEDICAL CERTIFICATION

3 SEX

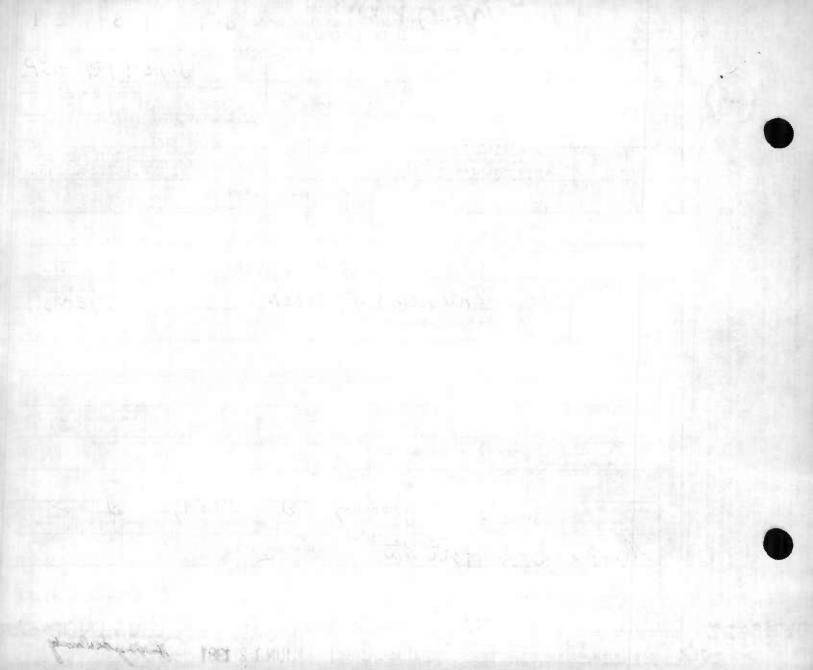
FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLA EALTH AND A ICATE OF D	MENTAL HY	GIENE 8	REG. NO.	1 6	4	19
CEASED NAME	FIRS1		MIDDLE	L	AST		20 DATE O	F DEATH MO		YEAR	26 HOUR A M
	HARV	EY M	ONTGOME	RY	REED,	SR.	JU.	NE 1,	1981		7:26AM
		4 RACE		5 DATE C		YEAR	6 AGE INY	EARS LAST BIRTHDA	AY) IF U	NDER I YEAR	IF UNDER 24 HR'
MALE	16.3	WHI	TE	03		10	7	1	YRS		
RTHPLACE (STATEOR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY	8 MARRIEI	NEVER A	AARRIED	9 BALTIMO	RE CITY OR	COUNTY OF	DEATH	
MARYLAI		U.S		WIDOWE		ORCED [GOMER	Y	MD.
OLNEY		(IF NOT IN SUC MONT	HOSPITAL, NURSI H FACILITY, GIVE STREE GOMERY	GENER		SPITA	(TYPE OF WOR	CCCUPATION TIRED	ORKING LIFE)	176. KIND C INDUSTRY	DF BUSINESS OR
AL RESIDENCE (IF NUI TATE LRYLAND	136 COUN		GIVE RESIDENCE BEFO 134 CITY OR TOV Y GAITH		13d INSIDE C	ITY LIMITS?	13e STREET	ADDRESS 15 Str	rawbe	rry 1	Knoll
THER'S NAME		MIDDLE	LAST	MIT I	15 MOTHER'S	MAIDEN NA	AWE	MIDDLE	Bec.	LAS	
George		W.	Reed				ane		Tone	Gra	ay
(AS DECEASED EVER		MED FORCES?	166 SOCIAL SEC		17 INFORMA	NT	18	3515°St	rawber	rry Kr	noll
No		-	215-18-0	0300	Emily	R. Re	ed · Ga	aithers	burg,		20760
Conditions, if ony gove rise to im cause 101, state underlying caus	mediate ing the e last	DUE TO, O	R AS A CONSEQUENT AS A CONSEQUENTRIBUTING TO	IFNICE OF	NOT RELATED	TO THE TERM	MINAL DISEAS	E OR CONDIT	ION GIVEN	LĴ	s gab
190 DATE OF OPERA	A HOW	196 COND	TION FOR WHICH	H OPERATIO	N WAS PERFO	RMED	200 AUTO		Ob. IF YES, W N CERTIFYIN YES T		NGS USED OF DEATH?
210 ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDI-	CAUSE OF DE	216 TIME O HOUR A.	M. MONTH D	AY YEAR	21c. HOW IN	JURY OCCUR	RED (ENTERN)	ATURE OF INJURY IN	N ITEM 18, PART	OR PART 2)	
21d INJURY OCCUR	VHILE	21e PLACE (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	21f. LOCATIO	N		CITY OR TOWN		COUNTY	STATE
22b. SIGNATURE	sed alive an (did) (did no	LIS DESAS	19_	1		TTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF			
GREGARIC	V	MO			220 ADDRES	Per f	Pour D	· Osi	Humo (BURG	
GURIAL, CREMATION SPECIFY) Buria		June 3			Oak Cei		Gai	thersbu	rg M	ntg:	* Md.

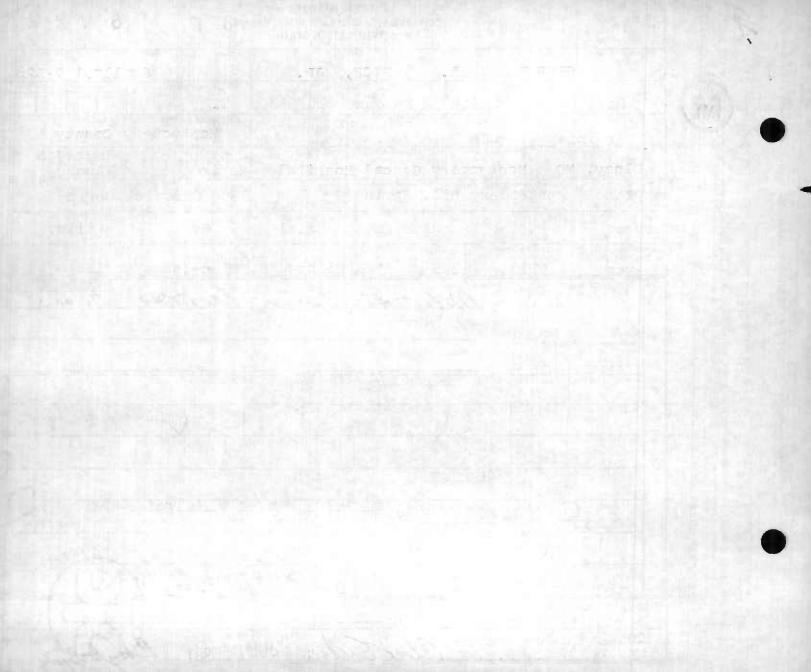
316 E. Diamond Ave., 250. DATE Gaithersburg, Md. 20760 JUN

DHMH - 16 60M 1/75 (VR A 15 (4))

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and Mental Hygi

or Item 18

MEDICAL

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7				

STATE OF MARYLAND

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1.75	19.00		- 175

	1 - STATE REGISTRAR			OF HEALTH AND MENTAL HY	REG. NO.	6 4	2 3
	DECEASED NAME	FIRST	WIDDIE	LAST	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
1	(THE ORPHINT)	Joan	Α.	Richards	June 29, 1981		6 SOP M
1	3 SEX Female	4 RACE		TE OF BIRTH June 3, 1927	6 AGE (IN YEARS LAST BIRTHDAY) 54 YRS.	MONTHS DATS	IF UNDER 24 HRS. HOURS MIN.
1	England	Bri	tish wido	RRIED NEVER MARRIED DWED DIVORCED	Montgomery	TY OF DEATH	MD
Ó	Garrett Pa	ark 450	DF HOSPITAL, NURSING HOM SUCH FACILITY, GIVE STREET ADDRESS 7 Strathmore	Ave.	120 USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING Accountant	LIFE) INDUSTRY	F BUSINESS OR
5	Md.	13b COUNTY Montgomery	134 CITY OR TOWN Garrett Pai	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 4507 Strathmo	ore Ave.	
0	Joseph	Enoch	Cooper	15. MOTHER'S MAIDEN NA		Banf	leld
	160 WAS DECEASED EVI (YES, NO OR UNKNOWN)	ER IN U.S. ARMED FORCE:			ADDRESS k 2724 Hidden Ro	d. Vienna	a, Va.
	PART I. DEATH	WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Ty, which		Metasta.			MATE INTERVAL SMSET AND DEATH SMS.
	gove rise to incouse (o), sto	ting the DUE TO	, or as a consequence o	F		3	

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION

19a DATE OF OPERATION

21d INJURY OCCURRED

210 ACCIDENT WAS UNDERLYING

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH

21e PLACE OF INJURY

HOUR A.M. MONTH DAY YEAR P.M

AT HOME STREET, FACTORY OFFICE FARM ETC)

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

21f LOCATION

CITY OR TOWN

pinion death accurred on the date and hour and from the causes stated

COUNTY STATE

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

sow the deceased alive an above, (1) (me) (did) (did no

PHYSICIAN DIRECTOR PHYSICIAN

200 AUTOPSY?

22d PHYSICIAN'S NAME (TYPE OR PRINT)

G. Lennard Gold, M.D.

220.1 certify that (1) (this haspital) attended the deceased from

22e ADDRESS

8630 Fenton St. Sil. Spg. Md.

230. BURIAL, CREMATION, REMOVAL Cremation

6/30/81

23c NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory

Suitland, Md. COUNTY

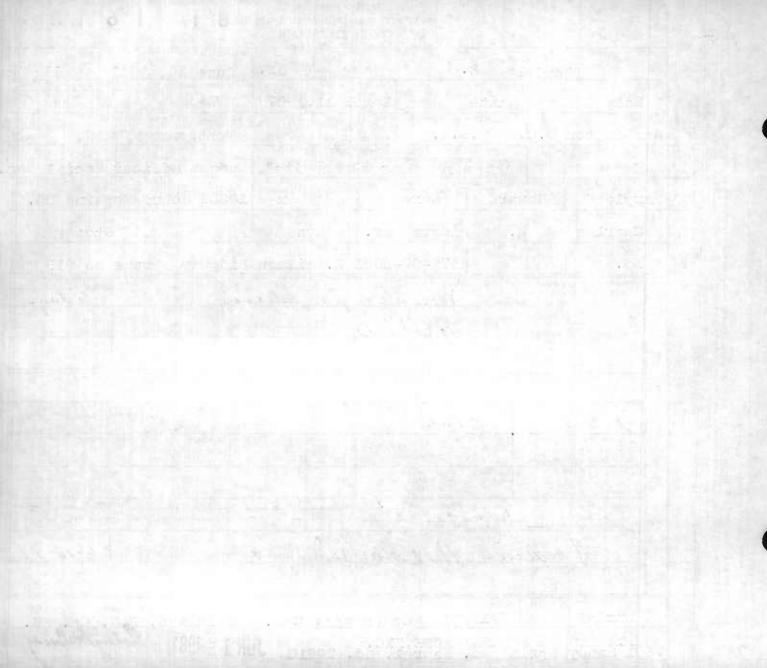
STATE

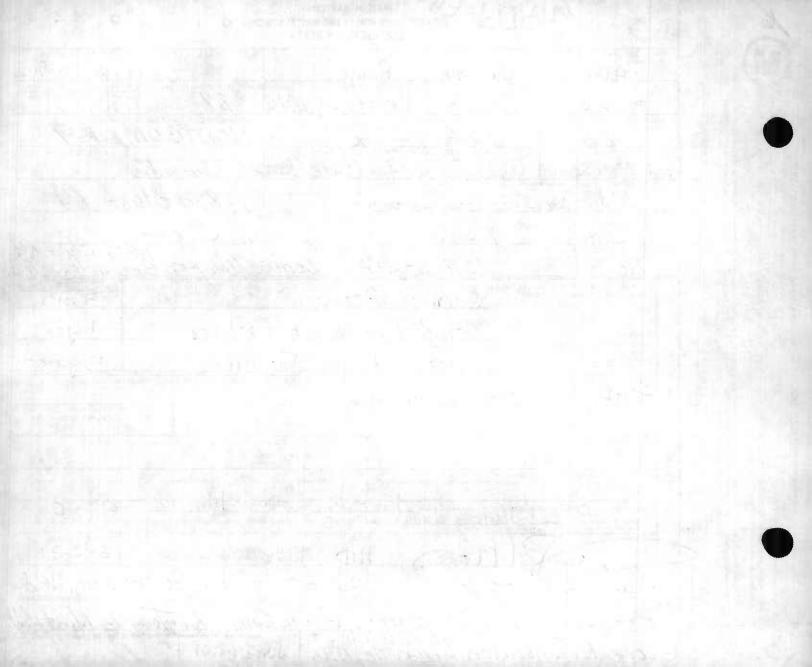
DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 5130 Wisc. Ave. N.W. Washington, D.C. 20016

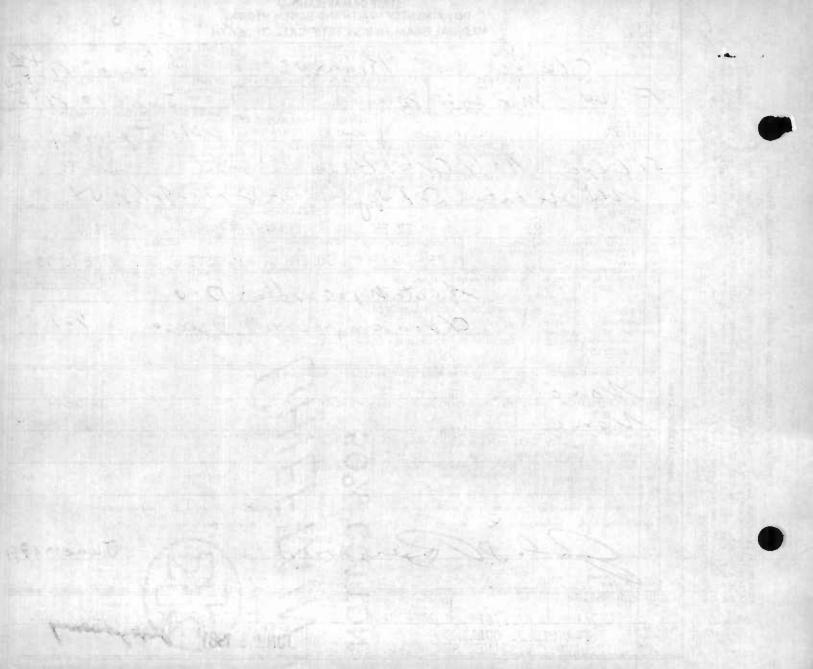
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	OR	DEPARTMENT OF HE	ALTH AND MENTAL HYC	SIENE	6 4 2 0
1- ST	TATE EGISTRAR	MEDICAL EXAMINER	'S CERTIFICATE OF	DEATH REG. NO.	
	ASED NAME FIRST CLAIR	F MIDDLE R1	IGHTSTINE .	20. DATE KNOWN DE MO	ONTH DAY YEAR 26. HOUR
(TYPE C	OR PRINT)	A. 19	. wh.Lutin	OF ESTI-	-17:08:450
3. SEX	4. RACE S. DATE C	F BIRTH 6. AGE (IN YEARS	IF NDER 1 YR. IF UNDER 24	U	ONTH DAY YEAR 24 HOLLE
1	- LU MONTH	DAY YEAR LAST BIRTHDAY) 20 8 7 PT YRS.	MONTHS DAYS HOURS MI		160001400
a. BIRT	THPLACE (STATE OR 76 CITIZE	N OF WHAT COUNTRY		9 BALTIMORE CITY OR CO	OUNTY OF DEATH
	RGINIA		MARRIED NEVER MARRIED	Ment	
_		OF HOSPITAL, NURSING HOME, O		. USUAL OCCUPATION (TYPE OF	VORK 12b. KIND OF BUSINESS
1	1. / . C	IN SUCH FACILITY, GIVE STREET ADDRESS)		FOR MOST OF WORKING LIFE)	OR INDUSTRY
	RESIDENCE (IF IT NURSING HOME OR OTHER INST	ITUTION, GIVE RESIDENCE BEFORE ADMISSION)	. 0		4.3.6071.
13a. STA	TE 1136. COUNTY	4 13c CITY OR TOWN	13d. INSIDE CITY LIMITS? 13d	STREET ADDRESS	in 18
14 FAT	HER'S NAME	(C) 101110p	15. MOTHER'S MAIDEN N	JAME	5) 0 2.
	LYNN R.	IRWIN	MARGAI	MIDDLE	REILLY
Ióa WA	AS DECEASED EVER IN U.S. ARMED FORCE			ADDRESS	KLILLY
(YES,	NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATE:		SUN	RIGHTSTINE, JR.	SAME AS 13
	CAUSE OF DEATH (Enter only one cause)		74 JUSLIII W. I	CIOIIISIINE, JR.	APPROXIMATE INTERVAL
	PART I DEATH WAS CAUSED BY:	o) A Cutch	war ili-	1012	BETWEEN ONSET AND DEATH
1.1	MACDIATE CAUSE (E TO, OR AS A CONSEQUENCE OF	4 of Thore	1/2/	
	Conditions, of any, which	0/	man has dis	Dismon	111.
	gove rise to immediate (cause (a) stating the under-	E TO, OR AS A CONSEQUENCE OF	myocardia	1 Violette	
CATION	lying cause lost.	LIO, ON AS A CONSEQUENCE OF			
1	ART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	C)	DISTACT OR CONDITION CHIEF IN BARY		
	11.	TO SENTE POT NOT RELATED TO THE TERMINAL	VISCASE OR CONVISION DIFER IN PART I	G.	
1 1	90. DATE OF OPERATION 196	CONDITION FOR WHICH OPERATION	ON WAS PERFORMED?		20. AUTOPSY?
CERTIFICATION	11				1
2		TIME OF INJURY	21c. HOW INJURY OCCURRED OF	ENTER NATURE OF INJURY IN ITEM 18 PART 1	OR PART 2)
	DIADEKET ING WOR	DUR A.M. MONTH DAY YEAR			
	CONTRIBUTING CAUSE OF DEATH	P.M. 19 PLACE OF INJURY (AT HOME, 2	If. LOCATION		
M	THE THE PERSON NAMED	TREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
1 F					
	22a I certify that I taak charge af the ren		Autopsy . Inspection .	Inquiry L, ond in r	my apinian
	death resulted fram: Natural causes	Accident L. Suicide		Indetermined monner .	
23g BUR	ACTUAL / 0	0/1	TITLE (SPECIFY)		ATE TO COL
5	IGNATUR	to ser	AND DEP-	MEDICAL EXAMINER S	ight wheld 19f1
E	XAMINER'S NAME JOHN S.	ROGERS	07	HED COUTUR HAT	OVIAND
				LVER SPRING, MAI	CYLANU
(SPE	RIAL, CREMATION, REMOVAL 236. DATE	23c. NAME OF CEMET		3d. LOCATION CITY OR TOWN	COUNTY STATE
24. FLIN	BURTAL 6/13	,		ILVER SPRING D. BY REGISTRAR [256.	MONT, MD.
N	AME FRANCIS J.	COLLINS	JUN 1	2 1981	1
4	AA HAITU BIUD W ST	THEY VELAMA MILL	/		



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO I. DECEASED NAME a DATE KNOWN (TYPE OR PRINT) OF ESTIobert B. DEATH MATED 4. RACE 3 SEX 5. DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 16 RTHDAY Male PRONOUNCED White 1965 1981 DEAD 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COPENNA. U.S.A. DIVORCED 10. CITY OR TOWN OF DEATH = 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Student High School 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Montgomery Maryland 11014 Wickshire Way Rockville 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST William Rigot Christel Bastian 7. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16h SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) No 62 9171 William E. Rigot Same as item 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Conditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF YES [NO X 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY # HOUR MONTH DAY CONTRIBUTING CAUSE OF DEATH TO MEDICAL EXAMINER: THIS CEF EXECUTE THE CERTIFICATE. WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P CITY OR TOWN NOT WHILE AT WORK Inspection X 22a I certify that I took charge of the remains described above, held an Autopsy death resulted fram. Undetermined manner ACTUAL SIGNATURE John G. Ball EXAMINER'S NAME Old Georgetown Rd Bethesda Md (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE STATE Tyson Wheeler Funeral Home, Inc 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Cremation Virginia BP 1331 Rockville Pike Rockville, Md. 20852 **DHMH-17** (VR A15 ME (5) 15M 2/80

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foods again student student state school

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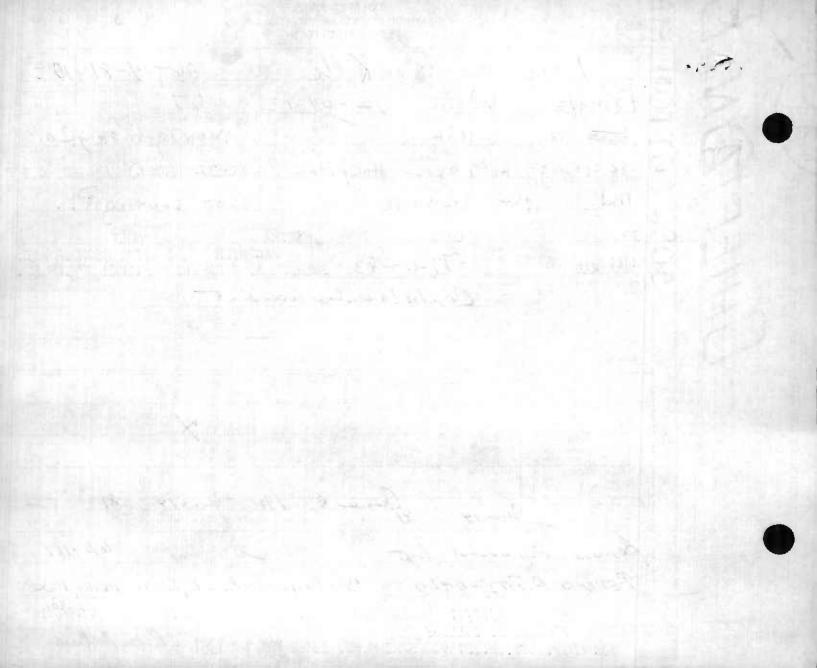
John G. Ball

7936 Old Georgetown hd Bethesda Md.

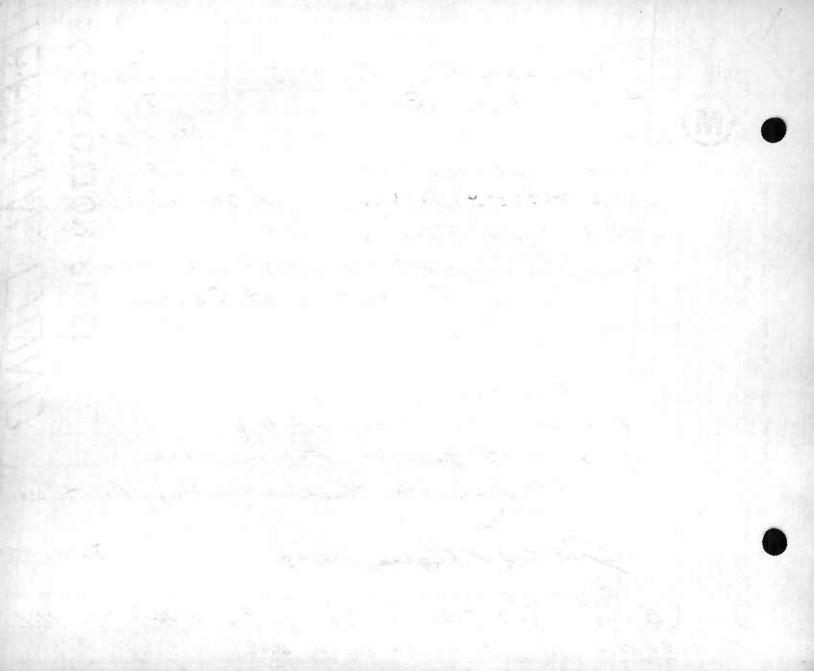
Crustion 6-14-81 Hetropolitan Trenstory Alexandria Virginia yaon Wheelor Funeral Lome, Inc.

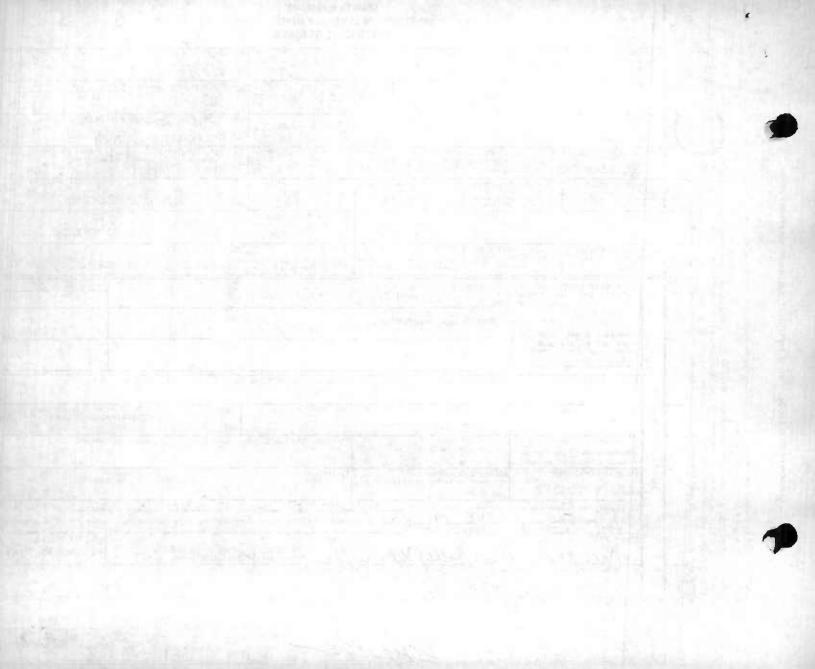
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DATE OF THE PARTY OF THE PROPERTY OF



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7			STATE REGISTRAR		DICAL EXAMIN		ERTIFICATE		REG. NO.		
		1. DE	CEASED NAME FIRST		MIDDLE		LAST	20. DATE	KNOWN A MON	NTH DAY YEAR	2b. HOUR
	製品を設定	(TYP	E OR PRINT)	0 4/00	M	R	1/1/25	OF DEATH	ESTI-	1110 0	C42
	ASSESSE .	1 SEX	4 RACE	5. DATE OF BIRTH	6. AGE IINY	EARS IF UN		R 24 HRS. 2c. DAT		TH DAY YEAR	2d HOUR
	CHE CHE	1	FW	Sug 20	YEAR ST BIRTHE	PAY) MONT	HS DAYS HOURS	MIN PRONOL	INCED JUM	5-11:00	A
	SE THE	7a BI	RTHPLACE (STATE OR REIGN COUNTRY).	76. CITIZEN OF WH	AT COUNTRY?	- X	IED NEVER MAR	9. BALTI	MORE CITY OR CO	UNTY OF DEATH	
	SACION .	1	ICW YORK	454	2		ED BO DIVOR		counto	ignites	W MD
750	A PRESIDENT	10 CI	TY OR TOWN OF DEATH		PITAL, NURSING HOM	E, OR OTH	ER INSTITUTION	12a USUAL OCC			USINESS
	200001		Olney	222	A In	110	me	HOUSE	and the same of th	AT HO	Me
5	NA PARA	USU /	L RESIDENCE HE IN NUISH DOME OF	OTHER INSTITUTION, GIV	13c. CITY OR LOWN-	ION)	13d. INSIDE CITY LIMITS?				
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	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIL PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P	23a.B	IRIAL CREMATION REMOVAL 23	DATE	23c. NAME OF CE			23d LOCATION		COUNTY > S	TATE
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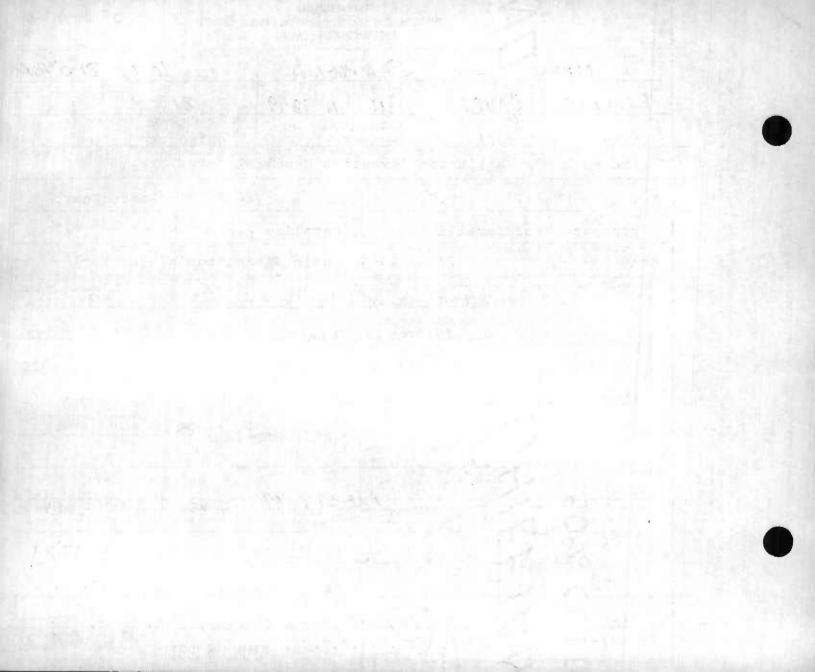
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21 is mo		220.1 certify that (1) sow thereleceose above, (D) we) (6)	this hospited ad olive on_ and (did not)	ol) attended the	deceased from 19 0 ofter death.		nd that in (our) opinion	death occurred on the d	,	and from the	
		22b. SIGNATURE	/	11		UD	DEGREE ATTENDING _	MEDICAL _ STA	66	22c. DATE	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME DATE KNOWN | (TYPE OR PRINT) OF ESTI-John M. St. Peter S 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Male Cauc. Nov. 7.1910 70 YRS To BIRTHPLACE (STATE OR MARRIED TNEVER MARRIED FOREIGN COUNTRY) United States DIVORCED Michigan II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS 5621 Jordan Road Public Relations Bethesda Alcoa USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 134. INSIDE CITY LIMITS? 134. STREET ADDRESS 5621 Maryland NO [] Jordan Road Montgomery Bethesda 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Peter Edith Kellv 17 INFORMAN 18632 Sage Warys Germantown, MD 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) John M. St. Peter, Jr. WW 192-07-7653 ves 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY Chronic IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) 19g. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, YES NO X 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 71e PLACE OF INJURY (ATHOME, 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 22a. I certify that I taok charge all the remains described above, held on Homicide Undetermined manner TO MEDICAL EXECUTE THE CER PAGE 4 SHOULD TO FUNERAL DIF AFTER DEATH WITH TITLE (SPECIFY) June 1981 ACTUAL DATE Deputy SIGNATURE 7936 Old Georgetown Road John G. Ball, M.D. EXAMINER'S NAME ADDRESS Bethesda, Maryland 230 BURIAL, CREMATION, REMOVAL 236. DATE July Cheltenham, Vetera Veterans Cheltenham, Maryland 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral 250. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE **DHMH-17** Homes, P.A. Bethesda, Maryland (VR A15 ME (5)) 15M 2/80

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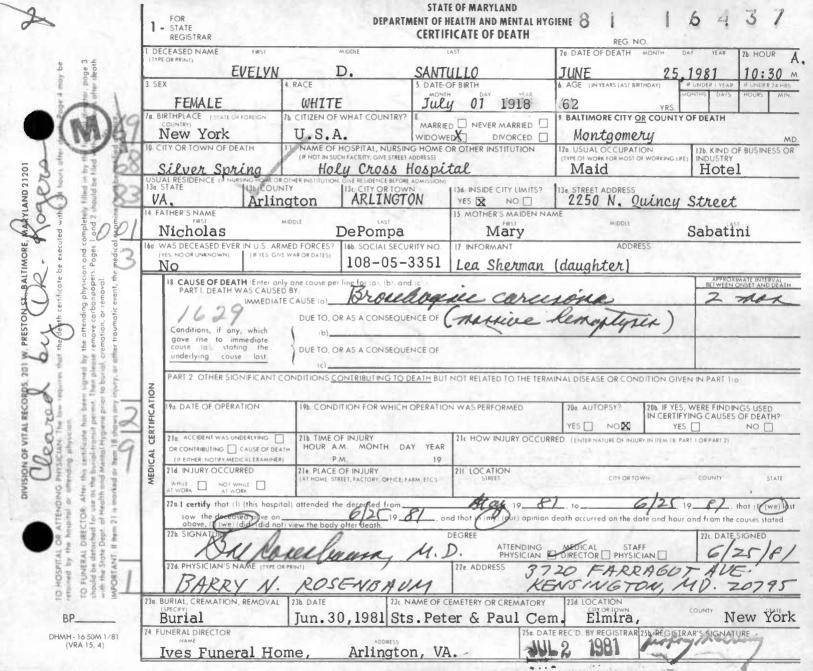
STATE OF MARYLAND

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DHMH-16 30M 2/80 (VRA 15, 4)	24 F	uneral director nes/Rinaldi F.	,	ew⊪Hampshi	250 D	ATE REC'D. BY REGISTRAR 256. R	Montgomery Mo		

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE OF DEATH 26 HOUR TYPE OR PRINT Edwar 12, 1981 7:550 & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3. SEX Male Caucasian 4 . DAY 1904R 77 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Washington, D. C. United State State Down Divorced Montgomery 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR FACILITY, GIVE STREET ADDRESS)
Montgomery Salesman ANTEBmotive Supply Bethesda USUAL RESIDENCE (IF NUMBING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Bethesda 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Montgomer Maryland 9509 Montgomery Drive 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Michael Schaefer Hess D. Margaret ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, [YES, NO OR UNKNOWN] (IF YES, GIVE WAR OR DATES) 77-10-8300A Ellen J. Schaefer (Same as 13e) No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY week IMMEDIATE CAUSE the hung Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION 113CA3C 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES [entol Hyg 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH or Item MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM Š 214 INJURY OCCURRED 21e PLACE OF INJURY 211, LOCATION COUNTY CITY OR TOWN STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE JUNE ZUNS 220 I certify that (1) (this hospital) attended the deceased from saw the deceased alive an 17 June and that in (my) (and apinion death occurred an the date and hour and from the couses stated abave, (1) (we) (did) (did set) view the body after death 22c. DATE SIGNED 226 SIGNATURE DEGREE ATTENDING should be detac PHYSICIAN DIRECTOR PHYSICIAN 224. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS OUINO. 10401 230 BURIAL, CREMATION, REMOVAL 23b. DATE June 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY BURIAL 16, Ft. Lincoln Cemetery Bladensburg Maryland 1981 250. DATE REC'D, BY REGISTRAR 256. REGISTAD'S SIGN TUR 24 FUNERALDIRECTOR Robert A. Pumphrey Funeral DHMH-16 30M 2/80 Homes, P.A., Bethesda, Maryland (VRA 15, 4)

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Funeral Home

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Hunding Sharp Hannah Conlisin	5 Ma	ryland Mont	NTY 13c. CITY OR TOWN	134 INSIDE CITY LIMITS? 130. STREET ADDRESS	llins Ave.
No 081-05-5903 Victoria S. Rymer Bethesda, Md.		Hugh	Sharp	Hannah	Conlin
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under- lying cause last. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR STREET, FACTORY, FARM, ETC.) STREET CITYORTOWN COUNTY ACTUAL SIGNATURE ACTUAL SIGNATURE John G, Ball ADDRESS Bethesda, Maryland	16s. V	YES, NO, OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	Victoria S. Rymen	ADDRESS 920 Carter Rd Bethesda, Md.
YES N N YES N YES N YES N YES N YES N N YES N YES N N N N N N N N N		gove rise to immediate couse (a) stating the <u>under</u>	(b) Carclio Vasco Due To, OR AS A CONSEQUENCE OF		
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STATE OF MARYLAND

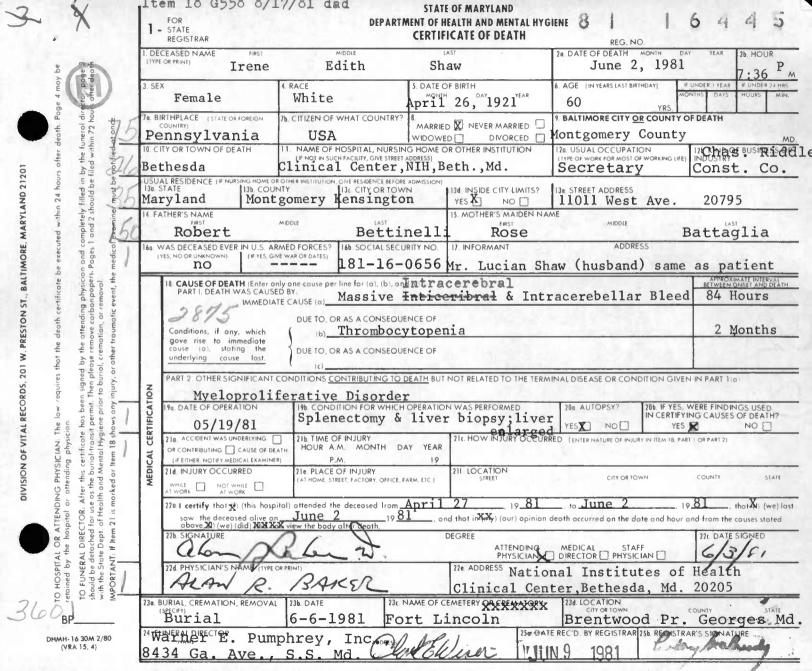
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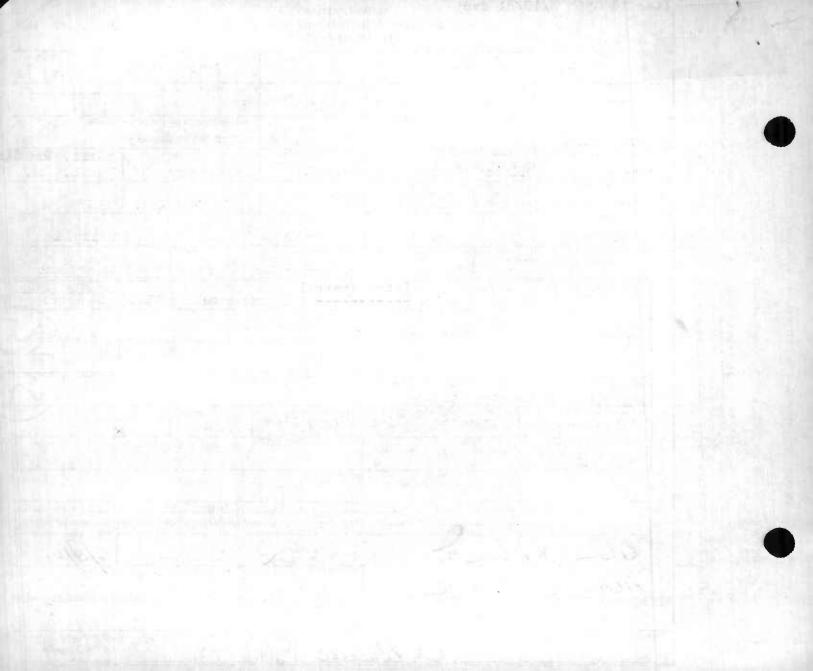
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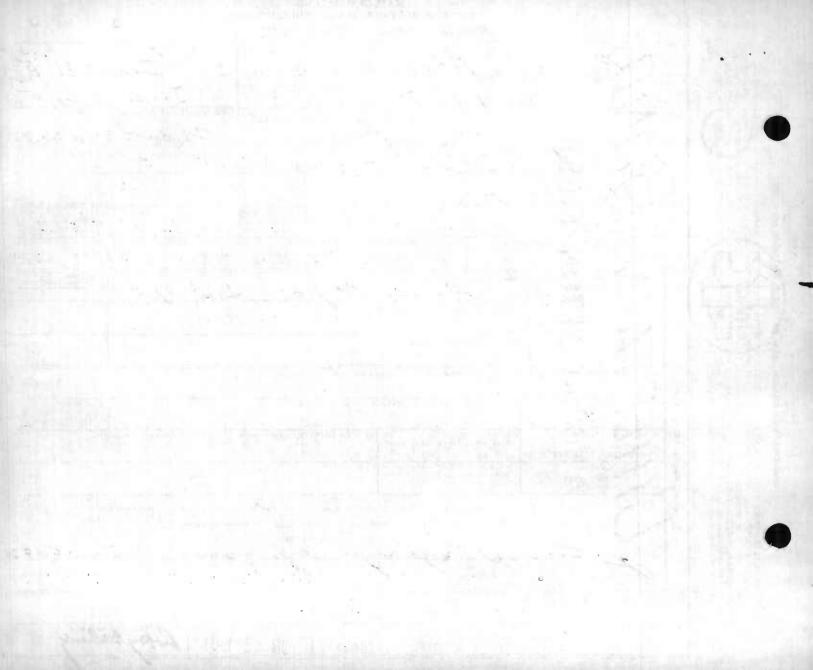
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(85)		STATE REGISTRAR		ME	DICAL EXAM	INER'S	CERTIFICATE O	OF DEATH	REG. NO.	0	33	
		CEASED NAME	FIRST		WIDDLE		LAST	2a. DAT	KNOWN ESTI-	MONTH DA	AY YEAR	25. HOUR
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STR	3. SE)	4. RAC	E	5. DATE OF BIRTH	YEAR LAST BIR		INDER 1 YR. IF UNDER	R 24 HRS. 2c DA		AONTH DA	AY YEAR	26 HOUR
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		Alabama TY OR TOWN OF DEA	ATH	U.S.A	PITAL, NURSING HO		WED DIVOR	11011	tgomery	County	KIND OF BU	MD
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-		James		MIDDLE	Shaw		Lena		MIDDLE	1	Norri	6
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		18 CAUSE OF DEAT	TH (Enter an	ly ane cause per line	far (a), (b), and (c).)			- 111	The value of		APPROXIMAT	E INTERVAL
		PARTIDEATHW		D BY: TE CAUSE (a)	Pn	aw	manie				1do	110
	7	8886		DUE TO, OR	AS A CONSEQUENCE	CE OF						
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	z	PAKI 2 DIHER SIGNIFICAN	CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE T	ERMINAL DISEA	ISE OR CONDITION GIVEN IN P	ART 1 (a).				
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1	ERT	21a. EXTERNAL CAU	SE WAS	21b. TIME OF		21c. F	HOW INJURY OCCURR	ED (ENTER NATURE OF	INJURY IN ITEM 18 PAR	T 1 OR PART 21	YES 🗌	NO [X
		UNDERLYING CONTRIBUTING	OR CALISE OF F		1-00-	EAR	Fe.11 ,	1. 18	ma-			
	MEDICAL	21d INJURY OCCUR	RED	21e PLACE C		211. LG	OCATION	-10				
	¥	WHILE NOT	WHILE -	STREET, FACT	IORY, FARM, ETC.).	6	STREET	R CITY OR	sille.	COUNTY	4	STATE
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		death resulted from		ral causes	Accident .	n Auto Suicide			·	n my apıniar	1	
		Jean resurred fram	. Natur	di conses est	Accident .	SUICIDE L	TITLE (SPECIFY)	Undetermined				
		ACTUAL SIGNATURE	1	DI	16.		MD DO -	MEDICAL EX	AMINIED	DATE	une.	15/92
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A		(TYPE OR PRINT)	Joh	n S. Roge	rs		ADDRESS Silve	r Spring	Montgon	nery C	ounty	, Md.
4	23a. B	URIAL, CREMATION, P			23c. NAME OF	CEMETERY	OR CREMATORY		ville, Ma			TATE
	200	Burial		6/18/81			norial Park	Rock	ville, Ma	arylan	id	
	24 F	UNERAL DIRECTOR	Joseph	Gawler's	Sons, In	C.	2007 6 250. DATE	REC'D. BY REGIST	RAR 1251 A GIPT	AR SHELL	URE	
		130 Wiscon	isin A	ive., NW, Wa	CRITTING CON.	D.U. 4	20010	70 100		· ····································	1	

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10		CEASED NAME FIRST	1)	MIDDLE	LAST	20 DATE KNOWN I	MONTH DAY Y	AR 2b. HOUR
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PLEASE ECTOR ? FILES HOURS STREET	3 SEX	4. RACE	5 DATE OF BIRTH	6. AGE (IN YEARS IF UI	NDER 1 YR IF UNDER 24 HR		MONTH DAY	TEAR 24 HOURY
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· · · · · · · · · · · · · · · · · · ·	7a. BI	RTHPLACE (STATE OR	76. CITIZEN OF WH	AT COLUMNIES IN	IED PEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF DEAT	н
题縣樹/	100	U.S.S.R.	U.S.A	MARK WIDOV		111.	- Va.	a la Aun
2 1 1 1 1		TY OR TOWN OF DEATH	11 NAME OF HOSE	PITAL, NURSING HOME, OR OTH	HER INSTITUTION 120 L	ISUAL OCCUPATION (T	YPE OF WORK 12h KIND C	F BUSINESS
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200	14. FA	THER'S NAME	10300	10 / July 3	15. MOTHER'S MAIDEN NA			
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	16n V	AS DECEASED EVER IN U.S. ARM	NED FORCES?	16b. SOCIAL SECURITY NO.	17. INFORMANT	ADDRES		
OURS AFTER B. GIVE PA WITH FOR T. PAGES 1 DIVISION	(YE	S, NO, OR UNKNOWN) (IF YES, GIVE W	VAR OR DATES)	218-80-8525	MARIANNE MA	Y SHETNMAN	SAME AS 13	WIFF
PAC PAC DIVIS		18. CAUSE OF DEATH (Enter only		1	THE STATE PART) SHE210-1744		MATE INTERVAL
		PART I DEATH WAS CAUSED	BY:	1 1	M. Was	1.11 1	BETWEEN	ONSET AND DEATH
HIN 24 HOUNTEN 18 R ALONG SIT PERMIT HYGIENE, IVAL.		1/ 9 G IMMEDIATI	E CAUSE (a)	AS A CONSEQUENCE OF	Jan Colo	2100	W,	
= Z = = 4		Conditions, if ony, which	DOE TO, OK	AS A CONSEQUENCE OF				
ED WITHIN PENCIL IN (AMINER A IL-TRANSIT AENTAL HY R REMOVAL		gave rise to immediate cause (a) stating the under-	(b)	AS A CONSEQUENCE OF				
E S A S S		lying cause last.	DOE TO, OK	AS A CONSEQUENCE OF			- 100	
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Opru		22s. I certify that I taak charge	af the remains desc	ribed obave, held on Autop	osy , Inspection	Inquiry . , o	and in my opinion	
		death resulted from Natura	al causes 🔀 ,	Accidem , Suicide	, Homicide Unc	determined monner	,	
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EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA	23a. B	JRIAL, CREMATION, REMOVAL 23	b. DATE	23c. NAME OF CEMETERY C		LOCATION	COUNTY	STATE
0	(3	CREMATION	6/22/81	METROPOLITAN	I CREMATORY A	LEXANDRIA	VIRGINI	A
DHMH - 17	24. FU		IS J. COL	LINS	25a. DATE REC'D.	BY REGISTRAR 25h	ISTRAR'S SIGNATURE	4.
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24 FUNERAL DIRECTOR ROBERT A. Pumphrey Funeral

Homes, P.A., Betherda, Maryland

FOR

REGISTRAR

- STATE

DHMH - 16 50M 1/81

(VRA 15, 4)

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

250 DATE REC'D. BY REGISTRAR 250 GISTRAR'S IGN URE

STATE

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					ATE OF MARYLAND	0 1	1 /	25 (2)
	1-	FOR STATE REGISTRAR			F HEALTH AND MENTAL HYOTELECT		1 6	4 4 4
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h	7a Bi	ETHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH	MAR	RIED A NEVER MARRIED	9 BALTIMORE CITY O		DEATH
11	10 CI	Iran TY OR TOWN OF DEATH	Iran		WED DIVORCED DE OR OTHER INSTITUTION	Mond		A KIND OF JUSINESS OF
70	B	ethesda		CILITY, GIVE STREET ADDRESS)	Hosp:tal	Housew	F WORKING LIFE) II	DUSTRY
01	13a. S	AL RESIDENCE (IF NURSING HOME (TATE 136 COL	JNTY 136	CITY OR TOWN	I 134 INSIDE CITY LIMITS?	13e STREET ADDRESS		
20		aryland Mont	gomery	Rockville	YES X NO 1	1719 L	orre D	rive
51		Ezra	MIDDLE	Darvish	Morvari	WIDDLE		Beinie
.)		AS DECEASED EVER IN U.S. A		SOCIAL SECURITY NO				ille, Md.
1		es, no or unknown) (IF yes, o		19-80-480	2 Mike Shir	azi; 1719		Dr.,
	ě,	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line SED BY: ATE CAUSE (o)	and 10 2	ing Sho	ck		BETWEEN ONSET AND DE ATM
		4100	DUE TO, OR	A CONSEQUENCE O	nuncadia	0 6 6	Li	120112 0
	١.,	Conditions, if any, which gove rise to immediate	(b)	1000 /	19000010	x rayan	6156	THOURS.
		couse (0), stoting the underlying couse lost	DUE TO ARA	TONSEONENC PO	notes corre	many de	>200	Year
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0	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITIO	N FOR WHICH OPERAT	ION WAS PERFORMED	20a AUTOPSY?		RE FINDINGS USED CAUSES OF DEATH?
S.	RTIFI					YES NOT	YES [NO 🗆
9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EMIN	MONTH DAY YEA		RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I	OR PART ?)
4	MEDICAL	(IF EITHER NOTHY MEDICALEXAMIN	21e. PLACE OF	NJURY	21f LOCATION	CITY OR TO	- Larba	COUNTY STATE
	×	AT WORK AT WORK	(AT HOME, STREET,	FACTOR OFFICE, FARM ETC.)	10	0.7	9	0.1
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	- 5	nbove, (1) we) (did) did a	view the body ofte	deoth.	DEGREE DEGREE	death occurred on the do	ore one nour one	221 DATE SIGNED.
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		JAMUEL I	OR RINT)	1 _z	220 ADDRESS 5632 S	1715605	DRIVE	Bettodo
	23a. 8	URIAL, CREMATION, REMOVA	L 23b. DATE	23c NAME O	F CEMETERY OR CREMATORY	23d. LOCATION		NIV STATE
	24 51	Burial INERAL DIRECTOR	June 1		t'l. Mem. Pa		Churc	
			rg Chapels		ville, Md. PSGIDAT kville Piker 1110		250. ISTRAR'	S SIGNATURE TO ST
	Dai	nzansky-Goldbe	rg Chapels	; 1170 Rocl	kville Piker 111	11 5 1001	Leighber.	Brakendo

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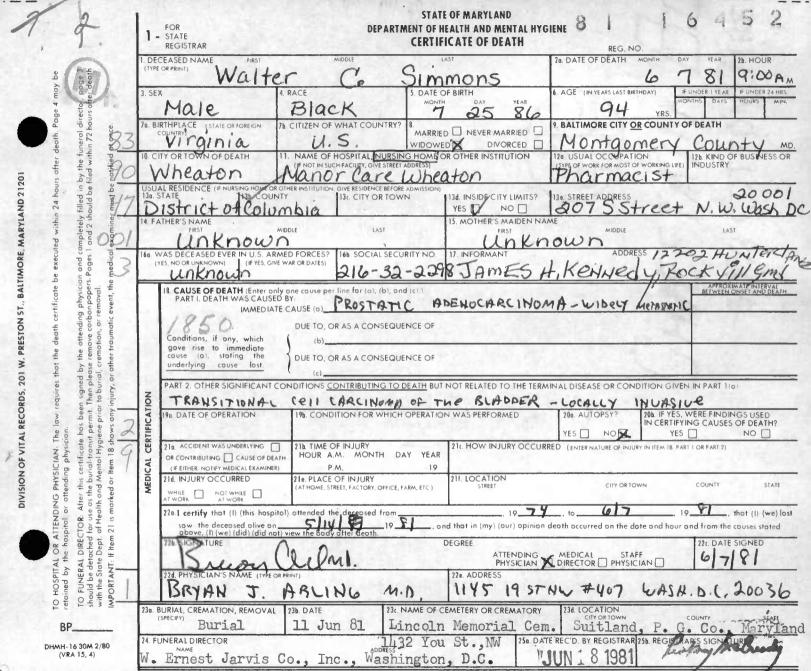
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Section page	3. SEX		Caucasian	5 DATE C	10/1	6 AGE IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS			
TZ hour	CO	THPLACE (STATE OR FOREIGN LINERY)	76 CITIZEN OF WHAT COUNT United Stat	MARRIE	D NEVER MARRIED D	40 0 1	COUNTY OF DEATH	MD.			
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filled in	130	TERESIDENCE (IF NURSING HOMEO	NTY 134 CATY OR A	EFORE ADMISSION)		13. STREET ADDRESS 4005-6	4th Stre	eet			
and 2 sm edicare		THER'S NAME FIRST Benjamin	MIDDLE LAST Hami		(Un known)	WIDDLE	Snide				
ages 1	141	(AS DECEASED EVER IN U.S. AF ES, NO OR UNKNOWN) (IF YES, GN 10	E WAR OR DATES)	ECURITY NO. 0-5514	7 1 1 1	Shoemaker Maryland					
d by the attending physiciar asse remove carbon papers. P ial, cremation, or removal. Y, or other traumatic event,		PART I. DEATH WAS CAUSE IMMEDIA Conditions, if any, which gove rise to immediate cause (o), stating the underlying couse lost.	nly one couse per line for (o), (b) ED BY. TE CAUSE (o), STOKE DUE TO, OR AS A CONSE (b), DUE TO, OR AS A CONSE	QUENCE OF			4	PROXIMATE INTERVAL VER ONSET AND DEATH WK			
Then plea or to buri	NO	PART 2 OTHER SIGNIFICANT	conditions contributing	TO DEATH BUT		NAL DISEASE OR CON	DITION GIVEN IN PAR	RT 1(0)			
permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	IICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FI IN CERTIFYING CAL YES				
rial-transit fental Hyg or Item 18	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PAR	17 2)			
s the burth and Marked	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	VN COUNTY	STATE			
for use a		saw the deceased alive as obove (1)(we) did) did n	ot) view the body ofter death.	9_8/, 01	nd that in (my) (our) apinion d	eoth occurred on the d					
RAL DIH detached tate Dept .NT: If It		226. SIGNATURE	rolplay	me		MEDICAL STA	FF 6	-23-81			
TO FUNERAL should be deta with the State IMPORTANT		James B	rodsky "	ns	170 ADDRESS 4701 Willa.		Chery Ch	rose			
T-8 %	15	URIAL, CREMATION, REMOVAL BURIAL	26,1981	Fort L	incoln Cem.	Bladensb		Mary Land			
MH-16 25M A 15, 4) 1/79	24. FU	NAME Homes, P.	A., Betherda	, Mary	land	rec'd. by registrar IN 29 1981	25b. REOTHTRAR'S SIG	ATURE			

STATE OF MARYLAND

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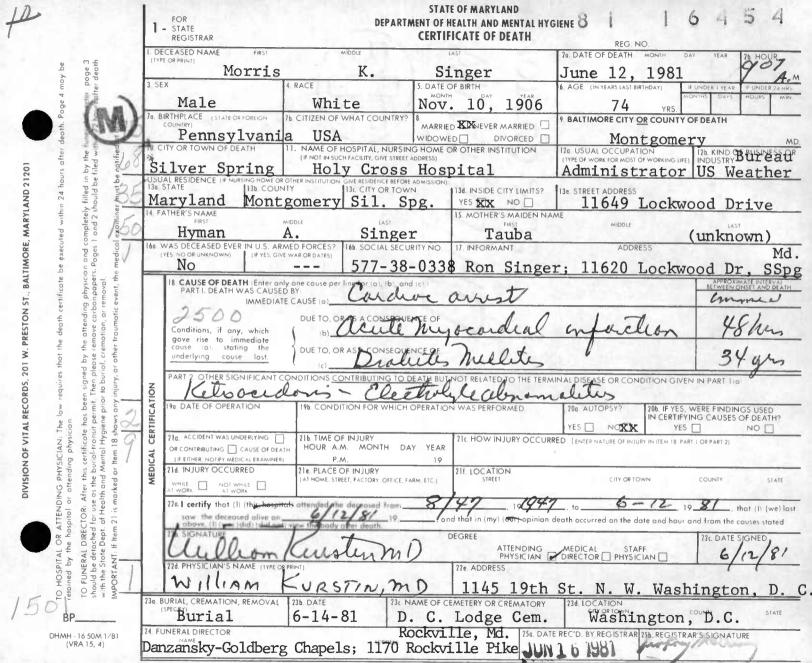


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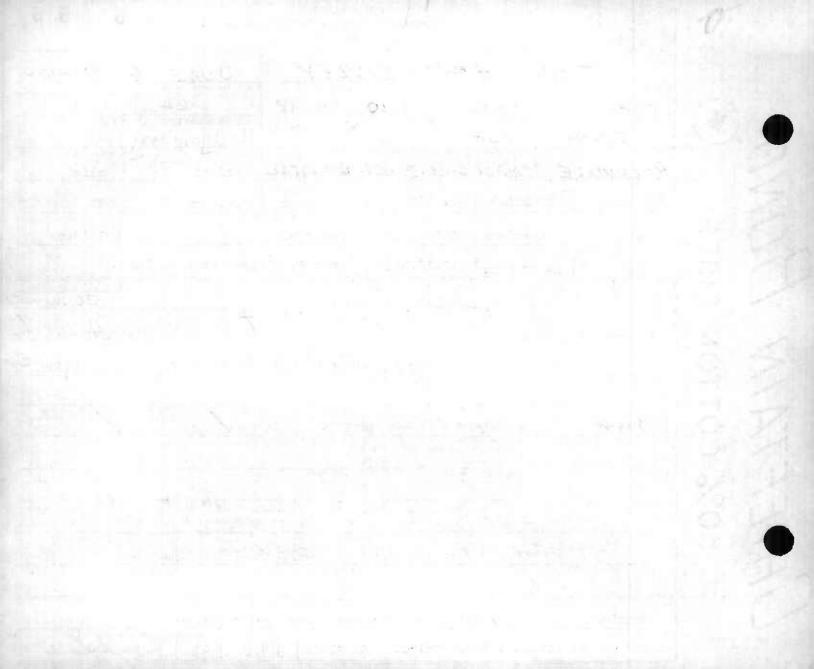
	1-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 FEG. NO.									
1		CEASED NAME FIF	eorge	E.	Simms	sr.	20 DATE OF DEATH		2 YEAR 81	1:00A		
	3 SE		4 RACE		5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS		
35	10 BI	RTHPLACE (STATE OR FOREIG DUNTRY)	N 76 CITIZENO	F WHAT COUNTRY	2- (? 8 MARRIEI WIDOWE	2- 04 NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	_	F DEATH	M		
19		Olney	LIE NOT IN S	LICH FACHITY GIVE STRE	ET ADDRESS)	ROTHER INSTITUTION L Hospital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST C		12b. KIND C INDUSTRY	OF BUSINESS OF		
35	USU. 13a S	AL RESIDENCE (IF NURSING IT ATE	ontgomery	134 CITY OR TO		13d INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS 3801 Elkt	on Far	m Road			
50	14 FA	THER'S NAME FIRST George	MIDDLE .	Simms		15 MOTHER'S MAIDEN NAM	ME MIODEE		Que	en		
1		VAS DECEASED EVER IN L res, no or unknown) (if	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)	- 214-40-		17. INFORMANT Constantia L	. Simms	same				
		18 CAUSE OF DEATH :E PART I. DEATH WAS (IMA	nter anly ane cause p CAUSED BY: MEDIATE CAUSE (a)			ijzenana z De landis 2003	cardia ar	resi	BETWEEN S	IMATE INTERVAL ONSET AND DEATH		
			ofe the DUE TO, (c)	or as a conseq	UENCE OF				/5	74s		
ows ony injury.	CERTIFICATION	190 DATE OF OPERATION		NDITIONS CONTRIBUTING TO DEATH BUT NOT RELA						20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO		
	-	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF BITHER, NOTIFY MEDICAL EX.	OF DEATH HOUR	of injury a.m. month p.m.	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PAR	(1 OR PART 2)			
200	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		E OF INJURY STREET, FACTORY, OFFICE	E, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE		
		220.1 certify that (1) (shus saw the deceased a abave, (1) (we) (did) (live on feel	ce / 19		d that in (my) (our) apinion o	, ta			that (I) (we) los causes stated		
Hen		22b. SIGNATURE	Boning.	aux			MEDICAL STA	FF CIAN []	220. DATE	SIGNED		
MPORTAN		A. D. B	OHIFAT	1		18111 Parace	Philip Da.	Slucy	, Md,	J0838		
5	(urial, cremation, rem Burial	6/6/2			emetery or crematory hedral Cem.	Balto		YTMUC	Md STATE		
	24 FU	Vernon R. B	ailey 1	348 N. Ca	lhoun	St. 250. DATE	REC'D. BY REGISTRAR	25b. RECOSTRA	R'S SIGNAT	Buchy		

STATE OF MARYLAND

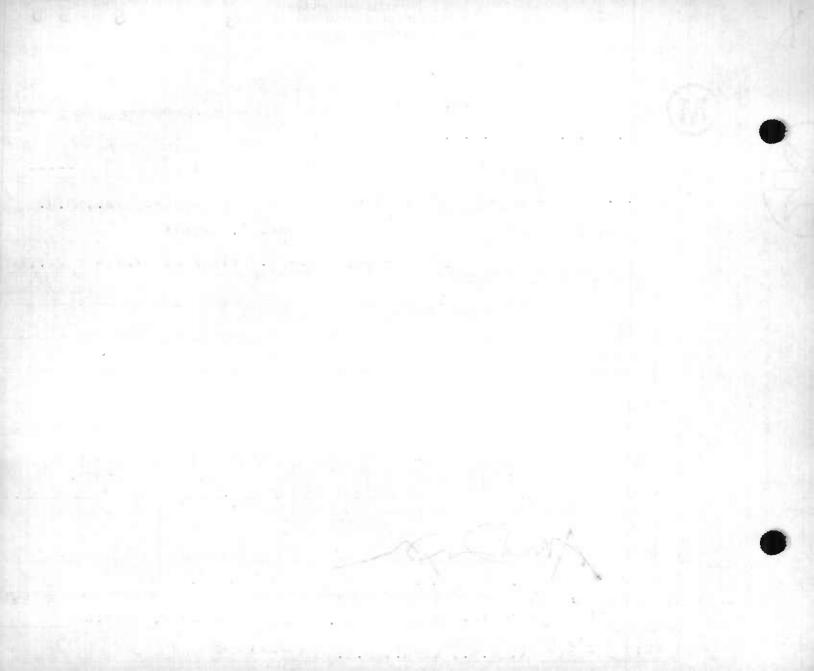
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	FOR STATE		STATE OF MARYLAND T OF HEALTH AND MENT		4 5 6
	REGISTRAR DECEASED NAME FIRST TYPE OR PRINT)	WIDDLE	MINER'S CERTIFICAT	REG. NO. 20. DATE KNOWN (X) MONT	
HEALTH AND MENTAL HYGIENE, DIVISION OF WITAL RECORDS, 201 W. PRESION S REET, AL, CREMATION, OR REMOVAL. 10 10 10 10 10 10 10 10 10 10 10 10 10 1	EX 4. RACE	STOLA A. S. DATE OF BIRTH O.7 - 18 - 43 1.3	T RIPTHO AV)	DEATH MATED 6	0.10:13
	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Wash., D.C.	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER A	AARRIED 9. BALTIMORE CITY OR COU	INTY OF DEATH County MD.
7/10	CITY OR TOWN OF DEATH Takoma Park	11 NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ALL Washington Adve	entist Hospital	126. USUAL OCCUPATION (TYPE OF WOR FOR MOST OF WORKING LIFE) Unemployed	I 2b KIND OF BUSINESS OR INDUSTRY
47 130	STATE WAS	NTY III Washi	ngton YES NO	□ 4320 Kansas Av	e., N.W.
160	Sylester Tu	rner RMED FORCES? 16b. SOCIAL SI	15. MOTHER'S A A GIRST INFORMANT	nes G. Barnes	LAST
3	(YES, NO, OR UNKNOWN) (IF YES, GN		6-0747 Agnes	G. Price/Mother/2	24 R St., NW
20	Conditions, if any, whice gove rise to immediate couse (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITION	b (b)	ence of	I IN PART 1 (d)	
7 230 NOTICE AT 1	196. DATE OF OPERATION		OPERATION WAS PERFORMED		20 AUTOPSY? YES X NO [
MEDICAL CERTIFICATION	AT WORK AT WORK	I PLACE OF INJURY (AT H STREET FACTORY FARM, ETC.)	1981 Subject pus OME. 211 LOCATION STREET New Hampshi	re Ave. & Mor	s struck by abuyyan. STATE ntgomery Md.
1	177	rge of the remoins described above, he	Suicide , Homicide		apinion



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CERTIFICATION OF ADMITS DESCRIBED IN HOLDER The second of the second control of the seco viced viced in the contract of and defend during you get a great and cided over the city of washing work always of the sales of the sale THE CAN MOST ON BRIEF STREET AND AND LEFT STREET The state of the s (1) (3) All colleges and and the creat con the colleges and and farcant satismes a stores pencer to the little beauty and the little b

mpletely filled in by the and 2 should be filed

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	- STATE REGISTRAR			CERTIFICATE OF DEATH REG. NO.									
	PECE ASED NAME	FIRST	minus	WIDDLE	ĪΑ	ST	1 3 34	20. DATE OF	DEATH	MONTH D	AY YEAR	26 HOUR	
	TO OKT KINGTY	CLYD	E	HERBERT	SORRE	CLL	SR.	GR. JUNE 1, 1981 7°					
3. S	EX	TES	4 RACE		5 DATE OF	BIRTH	YEAR	& AGE (INY	EARS LAST BIR	_	ONTHS DAYS	HOURS ME	
	MALE		WHI	TE	02	15	20	6	1	YRS	Olams Dais		
	BIRTHPLACE (STATE O	R FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIED	NEVE	R MARRIED	9 BALTIMO	RE CITY	OR COUNTY	OF DEATH		
V	VASH., D.	C.	USA		WIDOWED		DIVORCED [MON	TGOME	RY		
9 10	CITY OR TOWN OF E		(IF NOT IN SU	HOSPITAL, NURSIN JCH FACILITY, GIVE STREET	ADDRESS]			NEWSP	APER	OF WDISTE	12b. KIND C	F BUSINESS	
1	OLNE			GOMERY G		AL HC	SP.	RE	TIRE	D	NEWSI	APER	
5 13a	UAL RESIDENCE (IFN STATE TARYLAND	13b COUN MON	TY	GAITHEF	'N		CITY LIMITS?	130 STREET 2080		shen	Road		
14.1	FATHER'S NAME		AIDDLE	TAST		15 MOTHE	R'S MAIDEN NA	ME	MIDDLE				
	Henry			Sorre	11		Grace		MIDDLE		Robi	nson	
160	WAS DECEASED EV	ER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORA	AANT		ADDR	ESS		The state of	
	no	(IF TES, GIVE	WAR OR DATES)	577-01-4	1133	Clyde	H. Sorr	ell, J	r. Da	amascus	s, Md.2	20750	
	18 CAUSE OF DE	ATH (Enter anl	y ane cause pe	er line far a l, (b , an	dıc I)				BETWEEN	IMATE INTERVA	
	PART I. DEATH		BY E CAUSE (a)	Herral		ail	2000				40		
100	1629			OR AS A CONSEQU	ENICE OF		-	. ,		_		0	
3 1	Conditions, if a	ny, which	(b)	DISSEM	INAT	FO S	MALL (E4 LU	NG (ARCINGA	13n.	HTUO	
	gave rise ta i	mmediate	DUETO	OR AS A CONSEQU								- 1	
310	underlying cou		(6)	JR AS A CONSEQU	ENCEOF								
	PART 2 OTHER SI	GNIFICANTC	ONDITIONS C	ONTRIBUTING TO	DEATH BUT N	NOT RELATI	ED TO THE TERM	INAL DISEAS	E OR CON	DITION GIVE	N IN PART 1	a	
NO					eJbb.								
RTIFICATION	190 DATE OF OPER	RATION	196 CONE	DITION FOR WHICH	OPERATION	WAS PERF	ORMED	200 AUTO	PSY?		WERE FINDI		
Z =								YES 🗍	NOX	YES	ING CAUSES	NO T	
a W	210 ACCIDENT WAS		NOUS A	OF INJURY	VEAD	21c. HOW	INJURY OCCUR	RED (ENTERNA	TURE OF INJU	RY IN ITEM 18, PAI	RT 1 OR PART 2)		
/ ¥	OR CONTRIBUTING		in .	A.M. MONTH D.	AY YEAR								
MEDICAL	21d INJURY OCCU	JRRED	21e PLACE	OF INJURY		21f. LOCAT			CITY OR TO	(A/b)	COUNTY	STATI	
2	AT WORK AT	WHILE WORK	(AI HOME, S	TREET, FACTORY, OFFICE, I	ARM, ETC.)	STREE			CITY OR TO	WN	COUNTY	SIAII	
	220.1 certify that	(1) (this hospit	al) attended t	he deceased from	MARC	14	19_81	, to	UNI		9 81	that (I) (we	
	saw the dece	ased alive on	view the bod	31, 19	/ 1		y) (aur) apinion	death occurre	d an the d	ate and hour	and from the	couses state	
	226. SIGNATURE		10	y arrei deam.		EGREE					22t. DATE		
	Engen	~ 7.	Jule		2) [P	ATTENDING PHYSICIAN	MEDICAL	STA PHYSIC	FF CIAN []	120	ME	
1	22d. PHYSICIAN'S		PRINT)	22e ADDR	ESS	0					
	EUGEN	9 3c	. 60	ANNER		1811	1 PRINCE	THIL	IP DI	3-01	NEY, P	10.20	
										<u> </u>	-		

DHMH - 16 60M 1/75 (VR A 15 (4))

TO FUNERAL DIRECTOR. After this certificate has been

retained by the hospital or

Francis H. Barber Laytonsvide, Md. 20760

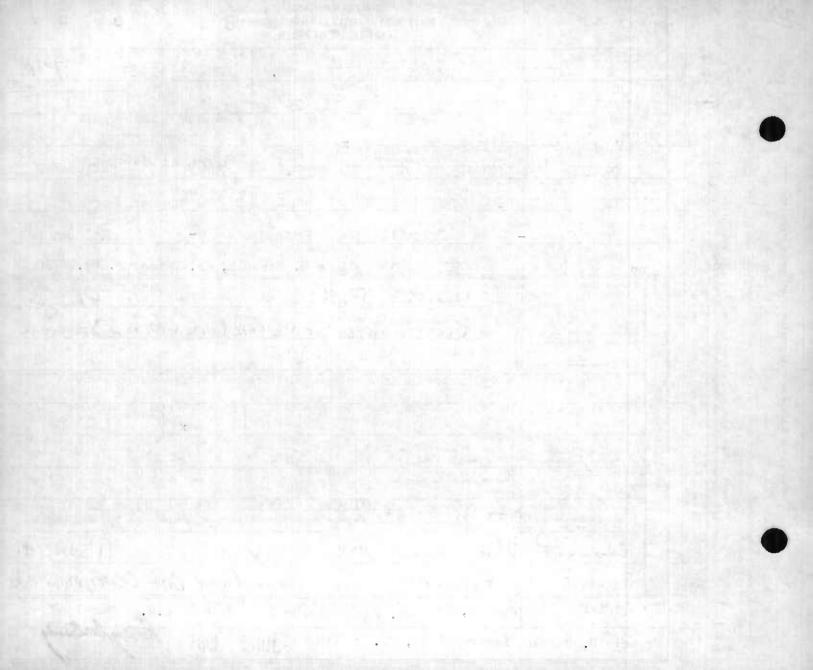
June 4,1981

230. BURIAL CREMATION, REMOVAL

236 NAME OF CEMETERY OR CREMATORY St. Paul Episcopal Baden WN JUN 5 1980 TRAN 75 NEG TRANS

P.G.

coMaryland Brate



Ι,			STATE OF MARYLAND	P 1 1	1 6 6
- 1'	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		0 4 0 0
T. D	DECEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 26 HOUR
(TY	IRVING	H. S	TEINHORN	6	14 81 11 pm
3. S	EX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
	MALE	WHITE	MONTH DAY YEAR 23	57 YRS	MONTHS DATS HOURS MIN
10 th	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED XX NEVER MARRIED	9 BALTIMORE CITY OR COUN	
25	MARYLAND	U.S.A.	WIDOWED DIVORCED	MONTGOMER	MD.
18 Si	ILVER SPRING	(IF NOT IN SUCH FACULTY, GIVE STREET	ADPRESS) HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING PRINTER	PRINTING OFFICE
8 USI		OR OTHER INSTITUTION GIVE RESIDENCE BEFORE	E ADMISSION)		
		GEORGES BELTSVIL	LE YES X NO	3134 FALLSTON	AVENUE
1 0	FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N.	AME	
	HARRY	STEINHOR		WIDDLE	FEIGENBLUM
7 160	WAS DECEASED EVER IN U.S. A	IVE WAR OR DATES)		ADDRESS	
	YES W	VII 217-18-5	517 HARRIET STE	INHORN, same as	#13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ury, or other troum	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO		minal disease or condition c	GIVEN IN PART 110
8 shows ony injur	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CER	/ES, WERE FINDINGS USED THYING CAUSES OF DEATH? YES
67	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM)	
1 5	(IF EITHER NOTIFY MEDICAL EXAMINE	ER) E.'\A('			
rked or Item	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	210 PLACE OF INJURY (AT HOME, STREET FACTORY OFFICE, F	21f LOCATION	CITY OR TOWN	COUNTY STATE
	21d IN JURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (4144	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F and) attended the deceased from 19 oti fiew the body after death.	21f LOCATION STREET , 19 White process is a street of the control of the contro	death occurred on the date and h	22. DATE SIGNED
23a	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (1) (4) sow the deceased of the obove, (we) (4) (4) (4) (7) 27h. SKSNATURE 22d. PHYSICIAN'S NAME (1) PHYSICIAN, CREMATION, REMOVA	21e PLACE OF INJURY LATHOME STREET FACTORY OFFICE, F 1) oftended the deceosed from notified the body offer death. 60026 L 23b. DATE 23c.	21f LOCATION STREET 19 86 19 86 19 86 19 86 19 86 21f LOCATION STREET 21f LOCATION STREET 21f LOCATION STREET 21g ADDRESS 2309 SHOLE NAME OF CEMETERY OR CREMATORY	Denote the dots and he dots an	our and from the couses stated 272. DATE SIGNED STUPENTON MY
IMPORTANT: If them 21 is morke	21d INJURY OCCURRED WHILE NO! WHILE AT WORK 22e. I certify that (1) (4) sow the deceosed alive obove. (we) (2) (did not be recovered to the deceosed alive obove. (we) (2) (did not be recovered to the deceosed alive obove. (we) (2) (did not be recovered to the deceosed alive obove. (we) (2) (did not be recovered to the deceosed alive obove. (we) (2) (did not be recovered to the deceosed alive obove.) BURIAL, CREMATION, REMOVA BURIAL	21e PLACE OF INJURY LATHOME. STREET FACTORY OFFICE, F I) ottended the deceosed from notified the body after death. COOL L 23b. DATE JUNE 16, 1981 R	214 LOCATION STREET 19 84 19 84 19 84 19 84 20 physician 21e address 2309 SHOLE NAME OF CEMETERY OR CREMATORY OSEDALE CEMETERY	death occurred on the date and he date on the date and he date and	19_87_, that (I) (well ast our and from the couses stated 122. DATE SIGNED SUHEMFON MY LTIMORE, MARYLAND

THE WALKER LETT LETT IN THE TANK THE PARTY AND THE PARTY A the same attention of the state British Edward - Janes WHEET I SECRET 111 SECRETERIA FOR METALLINE THE POSITION OF THE PARTY OF TH

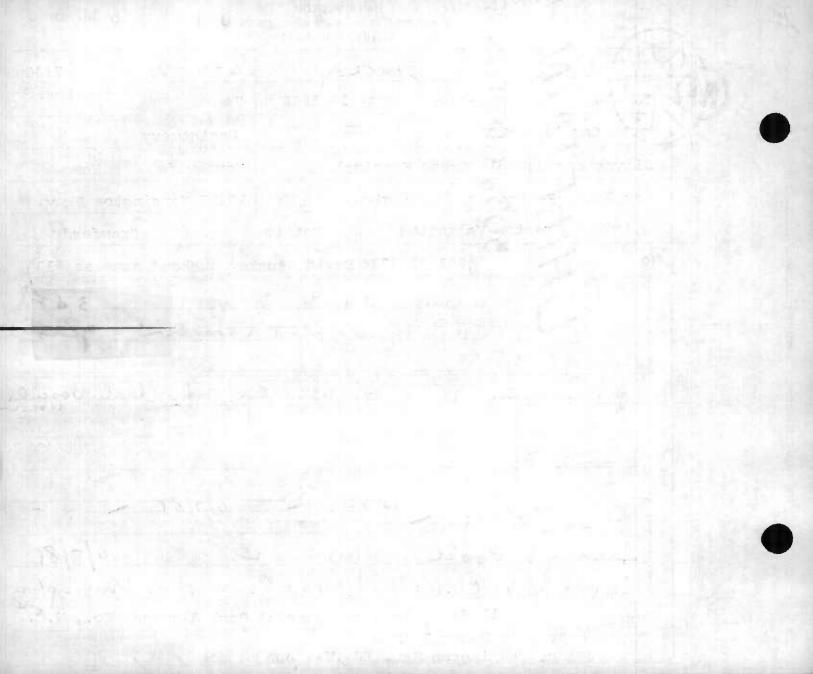
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 20 DATE OF DEATH 26 HOUR 0.8 ANDREW NMI 3 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) Malo August 5, 1906 74 urs Caucasian a. BIRTHPLACE (STATE ORFOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED United States WIDOWED Illinois Mantaomery County 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 18 CITY OR TOWN OF DEATH Holy "Cross Hospital ER (TYPE OF WORK FOR MOST OF WORKING LIFE) Silver Spring. INDUSTRY Economist U.S. Gov't E OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13d INSIDE CITY LIMITS? 13. 9208 Tones Mill Road Maryland Montgomerv Chevy ChaseYES Tx 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Hardin Andrew NMT Stevenson Genevieve 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT WEGE 9208 Jones Will Road, Chevy Chase, (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-44-6372 Elizabeth O. StevensonMd. APPROXIMATE INTERVAL 18 CAUSE OF DEATH . Enter only one cause per line for (a), (b), and (c PART I, DEATH WAS CAUSED BY myocARDIAL INFARCTION ENTENSIVE AND ARRECTOSCLEROTIC Canditians, if any, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES WERE FINDINGS LISED 28n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO F 21n ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 2 IC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIE FITHER NOTIFY MEDIC ALEXAMINER 21d INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN STATE NOT WHILE marcot 220.1 certify that (1) (this haspital) attended the deceased from APRIL 24 1984 and that in (my) (our) apinian death accurred on the date and hour and fram the causes stated 72h SIGNATURI DEGREE 22c DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN [FUNER old be 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 7733 ALASKA GYENUE MPORT WASHIGHN 3 € 230 BURIAL, CREMATION, REMOVAL 236 NAME OF CEMETERY OF CREMATORY West Laurel Hill 23d. LOCATION 236 DATE Montgomery STATE Cemetery Bala-Cynwyd 24 FUNERAL DIRE A. Pumphrey Funeral DHMH - 16 50M 1/81 (VRA 15, 4) Bethesda, Maryland

STATE OF MARYLAND

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10 %		FOR STATE			DEPARTMENT OF	NED'S	FOTIFIC ATE	OF DEATH		1 0	ed 0	-
		REGISTRAR CEASED NAME	FIRST	74124	MIDDLE	IVER 3	LAST CTDICKE	OT DEATH	REG. N	NONTH	DAY YEAR	Zb. HOUR
# ~ · · · · · · · · · · · · · · · · · ·	(TYP	BROTHER	Georg	12	J.	XX	TXXXXXXXXX		OF ESTI-	× 6-	7 1981	Δ
PLEASE ECTOR. PILES. HOURS	3. SEX		CE S.	DATE OF BIRTH	6. AGE (IN		NDER 1 YR. IF UNDI	ER 24 HRS. 2c.	DATE	HTHOM	DAY YEAR	2d. HOUR
ECESSARY, PLEASE JUERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS	MA	LE C	AUCASIAI	NOV 17	1917 63	YRS. MONT	HS DAYS HOURS	MIN. PRO	NOUNCED C	Fune	7 1981	930
SSAP RAL HIN Y	7a. B	RTHPLACE (STATE OF		b. CITIZEN OF WH		8. MARR	IED NEVER MAR	RRIED X 9. BA	ALTIMORE CITY	OR COUNTY		
7 5 10 11		ARYLAND		U.S. 1		WIDOV				190m	ery	MD.
の市が四二	10. CI	TY OR TOWN OF DE	EATH 1		PITAL, NURSING HO		IER INSTITUTION	12a. USUAL C	OCCUPATION (TY DE WORKING LIFE) CHER	PE OF WORK	26 KIND OF BU OR INDUSTI	
0 7 8 0 -	Liett	Jenze	1	Rei		US.e		TEA	CHER			
21201 IF ANY DEI S. AND 3 TO SHOULD BE SHOULD BE SHOULD BE	1130 S	ARY LAND	PRINCI	E GEORGES	RELTSVI	LLE	13d. INSIDE CITY LIMITS?	13e. STREET A	DDRESS 11 AMMEN	IDALE F	ROAD	
0 F 04	14. F/	THER'S NAME		MIDOLE	LAST		15. MOTHER'S MAI		MIDDLE		LAST	
R DEATH		PETEI			STRICKROTH		17. INFORMANI			GECK	CLEIN	
MORE, TER DE F PAGE F FORM ON OF	16a. V	VAS DECEASED EVE ES, NO, OR UNKNOWN)							ADDRES	S	(26,114	
S AI S AI S AI S AI S AI S I S I S I S I		NO .			179-36-3	475	BR. PATE	RICK F.	POWERS,	F.S.C.	SAMI	
, 28		18. CAUSE OF DEA PART I DEATH Y	ATH (Enter only of WAS CAUSED B	one couse per line 3Y:	for (o), (b), ond (c).)		,				APPROXIMATE BETWEEN ONSE	AND DEATH
ERAPE TENTE		952	IMMEDIATE	CAUSE (o)	AS A CONSEQUENCE	FOE	4 ~					
PRESTON VITHIN 24 CIL IN TEA INFR ADST ANSIT PER VAUVAL.	110	Conditions, if		1 552 10, 511	Pidti	Ple	ti- los	-march	end.		100	
~ Z < ~ Z ~	Mi	gove rise to couse (q) statir	ng the <u>under-</u>	DUE TO, OR	AS A CONSEQUENC	E OF	of the state of		7			
×4>#		lying couse los	<u>t.</u>	(c)								
L RECORDS, 30 VULD BE EXECUI "PENDING" IN FIEF MEDICAL E SED AS A BURL HEALTH AND I CREMATION, O		PART 2 DTHER SIGNIFICA	ANT CONDITIONS COL	NTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TE	ERMINAL DISEAS	E DR CONDITION GIVEN IN	PART 1 (a).				
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K			FOR STATE			DEPARTMENT O	F HEALTH	MARYLAND H AND MENTAL	~	1	16	4 6	4
	(REGISTRAR		MEI		INER'S	CERTIFICATE	OF DEATH	REG.	NO.		
	(M)		CEASED NAME E OR PRINT)	STELL	L.	K.	STU	IPNER		OATE KNOWN OF ESTI- EATH MATED	MONTH	DAY YEAR	26 HOUR
PLEA DIRECTO JUR FIRE 72 HOME JV STREE	3. SEX		WHITE !	July 24	YEAR LAST BIRT	THDAY) MONT	NDER 1 YR. AF UNDE	R 24 HRS. 2c.	DATE NOUNCED DEAD	MONTH	DAY GEAR	2dd Hour	
	VECESSA UNERAL FOR YOU WITHIN	F.C.	RTHPLACE (STATE REIGN COUNTRY)		U.S.A.	HAT COUNTRY?	14	HED NEVER MAR	RIED 📙	ALTIMORE CIT		Y OF DEATH	·
H	DELAY IS N TO THE FI N PAGE 5 105, 201 W	1	KOMA PAI	7	IF NOWN SUCH FA	PITAL, NURSING HO	SSA I		FOR MOST (OCCUPATION OF WORKING LIFE)	TYPE OF WORK	OR INDUST	JSIMESS RY Verme
H	AD. 21201 1. IF ANY DELAY IS NECESSARY 2, AND 3 TO THE FUNERAL DIRE 3. RETAIN PAGE 5 FOR YOUR 2 SHOULD BE FILED, WITHIN 721 ALRECORDS, 201 W. PRESTONS	130 S	L RESIDENCE (IF	PRINCE	THER INSTITUTION OF	TON ADVEN VE RESIDENCE BEFORE ADM 13. CITY OR TO HYATTSVI	ission)	IOSPITAL 134 INSIDE CITY LIMITS? YES DO NO [1" STREET A		on Stre	4	્ર° Mən⊪tə
	DEATH. IF GES 1, 2, WA PAN 3. AND 2 SH		THER'S NAME FIRST Willian		MIDDLE	LAST		15 MOTHER'S MAIL		MIDDLE		last	
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	KDS, 201 W. PRESTON ST., BALTIMORE, A XECUTED WITHIN 24 HOURS AFTER DEATH UG" IN PENCIL IN 1TEM 1B. GIVE PAGES 1, CAL EXAMINER ALONG WITH FORM PM BURIAL - TRANSIT PERMIT. PAGES 1 AND MENTAL HYGIENE, DIVISION GEVITALION, OR REMOVAL.		Conditions, gave rise	if any, which to immediate oring the <u>under-</u>	CAUSE (o) DUE TO, OR	AS A CONSEQUENCE	vic	Myoc	erdia	el D	15	APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH
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N I		. Film#G556	STATE OF MARYLAND		, , , , , ,
(A)	1 - STATE 6-29-81 REGISTRAR	al DEPART	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE B	6 4 6 /
(RA)	1. DECEASED NAME FIRST	MICOLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
8 9	Alice	e H.	Synor	6	.3.81.
mo bo	3 SEX	4. RACE	5. DATE OF BIRTH	6 AGE IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR WUNDER 24 HRS
ge 4	Female	White	Dec. 29, 1902	78 YRS.	MONTHS DAYS HOURS MIN,
norol dir	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Penna.	76. CITIZEN OF WHAT COUNTRY	* 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY Montgomery	TY OF DEATH
ofter d	10. CITY OR TOWN OF DEATH Bethesda		ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Housewife	12b. KIND OF BUSINESS OR
212	USUAL RESIDENCE HE NURSING HOM	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFO		1	
Land hin 24 hin		offerson Birming		13e. STREET ADDRESS 4312 Wilderne	ess Road
MARY amplete	Edward	J. Pau	FIRST	MIDDLE	Kearney
ond co		GIVE WAR OR DATES)		ADDRESS	100
4 6 5 3	No	417-86-		or, Husband, San	
T., BA		r anly ane cause per line far (a), (b), a USED BY: DIATE CAUSE (a)	diac ant		BETWEEN ONSET AND DEATH
on S corbo	4100	DUE TO OR MINOS	dial infarction,	anteriolwall	M Control
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hot the by the ase rer I, crem other	cause (a), stating the underlying cause last.	DUE TO, OR AS A DOUSSEL	Wasteren - Hyp	infraue Clas	
bs, 20. signed hen ple o burto plury, or		NT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	EIVEN IN PART 1(a)
RECORDS	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a. AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
	E				YES NO
NG PHYSICIAN: The other this certificate has broad-transit that and Mental Hygies orked or frem 18 shooted o		DEATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18	B PART I OR PART 2)
PHYSICIA this certifiche buriol-trond Mental ad or frem	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211. LOCATION	CITY OR TOWN	COUNTY STATE
	AT WORK AT WORK		1.30m 1/2 4	8-30 har?	1981
ATTEND aspital a CTOR: A for use of Heal	SOW THE DECEDSED DITTE	an 19	e, and that in (my) (cur) apiniar	death accurred an the date and he	aur and fram the causes stated
R P P P P P P P P P P P P P P P P P P P	22b. SIGNATURE	view the bady after death.	DEGREE		22c. DATE SIGNED
E 0 =	Rult	Lugges		DIRECTOR PHYSICIAN	6/3/e1
TO HOSPITAL retained by 41 TO FUNERAL should be det with the Stote	27d PHYSICIAN'S NAME IN	FE US M. [270. ADDRESS 9410 Old	I Georgeton	ned! 20019
O e o c e M	23a. BURIAL, CREMATION, REMOV	AL 23h DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY WY STATE
BP	Burial/Transit		Calvary Cemetery	Pittsburgh	Penna.
DHMH-16 30M 2/B0 (VRA 15, 4)	24 FUNERAL DIRECTOR Jose 5130 Wisconsin	eph Gawler's Sons Ave., NW, Washingt	, Inc. on, D.C. 20016	TE REC'D. BY REGISTRAR 256 REGI	STRAR'S SIGNATURE

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	ASS ASS	1		Lewi		Hamilton		Tabler s	r	DEATH MATED	0/ 2		
		3. S	EX	4. RACE	5. DATE OF BIRTH	YEAR 6. AC	SE (IN YEARS IF U		ER 24 HRS. 2c	DATE	HTMOM	DAY YEAR	11:15
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1	NECESSA FUNERA 5. WITHI		Maryla		US			VED DIVO		Montgo	mery Co	unty	MD.
	MD. 21201 H. IF ANY DELAY IS NEG 7. 2. AND 3 TO THE FUN 7. 3. RETAIN PAGE 5. F 2 SHOULD BE FILED, W	10.	CITY OR TOWN	OF DEATH	11. NAME OF HOS	CILITY, GIVE STREET		HER INSTITUTION	12a USUA FOR MOS	LOCCUPATION (ST OF WORKING (IFE)		OR INDUS	TRY
	ELA TO TO T	0	Silver S	pring	4207 W	eller Ro	ad	32 J. G. I.J.		Mon	ntgome	ry Cou	nty
	ORE ORE	13a.	JAL RESIDENCE STATE	136. COU	OR OTHER INSTITUTION, GI	13c. CITY OR T		13d. INSIDE CITY LIMITS	13e STREE	T ADDRESS		1111	
	AND RETAHOULE	DI	aryland	Mon	tgomery		Spring	YES NO		7 Weller	Road		
	MD. 1, 2, 1 1, 2, M 3. M 3. M 3.	/ 14.	FATHER'S NAM			LAST		15. MOTHER'S MA	IDEN NAME	MIDDLE		LAST	
	DEATH. GES 1, M PM AND 2	20	Lewis		MIDDLE .	T	abler	Ethe	1	MIDDLE		Hes	sie
	T., BALTIMORE, MD. 2 JURS AFTER DEATH. IF 18. GIVE PAGES 1, 2, 4 WITH FORM PM 3. 1 WIT. PAGES 1 AND 2 SH INT. PAGES 1 AND 2 SH S., DIVISION OF WITH R	160.	WAS DECEASE	DEVER IN U.S. AP	RMED FORCES?		ECURITY NO.	17. INFORMANT		ADDRI			6-2-1
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	HOURS AF HOURS AF I'M 18. GIVE NG WITH RMIT. PAG ENE, DIVISIN		IB CAUSE C	F DEATH (Enter o	nly ane couse per line	for (a), (b), and	(c).)					APPROXIMA BETWEEN ON	TE INTERVAL
	N S HO	OR REMOVAL.	PARTIDI	EATH WAS CAUSE	ATE CAUSE (a) ACI	ate myod	ardial	disease.					
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	AL PANS			ins, if any, which									
	W WENT		couse (o lying cou) stating the under	DUE TO, OR	AS A CONSEO	JENCE OF						
	S S S S S S S S S S S S S S S S S S S	5			(c)								
	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. RDED TO THE CHIEF MEDICAL EXAMINER ALCONG WE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. FE DEPARTMENT OF HEALTH AND MENTAL HYGGIENE, DO DEPARATION OF DEMONAL	\$	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)										
	A S A A LT A	MEDICAL CERTIFICATION	None										
	ALRI DUID O"PE SED, 'PE	7 2	19a DATE OF	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?							20 AUTOPS	Υ?	
	VITAL I	34 E	N	one								YES 🗌	NO X
	DIVISION OF VITAL B. THIS CERTIFICATE SHOU T.E. WRITING THE WORD PAGE 3 SHOULD BE USE TO THE CHIEF PAGE 3 SHOULD BE USE TO THE CHIEF TO	5 5 8	UNDERLYING	AL CAUSE WAS	21b. TIME OF HOUR A.M	INJURY	YEAR 21c. H	OW INJURY OCCUR	RED (ENTERNAT	URE OF INJURY IN ITEM	18 PART 1 OR PAR	T 2)	
	S STATE OF S	₹ ○ ₹	CONTRIBUTI	NG 🗌 CAUSE OF	DEATH P.M		19	1	one				
	CERTIFICATE TING THE W DED TO THE DEPARTMEN PROPERTY		21d. INJURY O		21e PLACE (OF INJURY (AT	HOME. 21f LC	CATION STREET		CITY OR TOWN	cou	INTY	STATE
	MRI WRI	3 5	AT WORK	NOT WHILE I									
	PARTY DAW DAW DAW DAW DAW DAW DAW DAW DAW DAW		22a cert	ify that I took char	ge of the remains des	cribed above, h	eld an Auta	osy . Inspec	tion .	Inquiry X	and in my opi	inion	
		5	death result	red from: Nati	ural causes X.	Accident	Suiode	. Hamicide	. Undetern	nined manner	7.		
1	XX LEBET WITT		120000	7		10		TITLE (SPECIFY)					
	AACCA A	2	SIGNATURE	60	Lu 1	10	pera	Deputy	MEDIC	AL EXAMINER	DATE	6/2/	81
	SE S	27	/		-	0	/	1919	Semina	ary Road			
	¥2828	2	(TYPE IR PRI	NAME Joh	in S. Roger			ADDRESS Sil	er Spr	ing, Mon	tgomery	Md.	
7	TO MEDICAL EXAMINEE THIS CE EXECUTE THE CERTIFICATE, WRITE PAGE 4 SHOULD BE FORWARDE TO FUNERAL DIRECTOR, PAGE 3 AFTER DEATH, WITH THE STATE DE	23e.	BURIAL, CREMA	TION, REMOVAL	23b DATE	23c. NAME	OF CEMETERY	OR CREMATORY	23d. LOC.		COUN	TY -	STATE
0	T BP		Buria		6/5/81			emorial P		öckvill		ATSUG	4.
	DHMH - 17	24.	FUNERAL DIRECT NAME TYS	on Wheel	er Funera	al Home	, Inc.		4	EGISTRAR 255	GISTRAR'S SI	GNATURE	120
	(VR A15 ME (5) 15M 2/80) []	331 Ro	ckville	Pike Rock	cville,	Maryla	nd JUN	19 198	31 100	try Mi		4
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STATE OF MARYLAND

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BALTIMORE, MARYLAND 21201

PRESTON ST.,

DIVISION OF VITAL RECORDS,

of the stepping that STEVE STREET STREET STREET STREET WAR FIRE TO ALLED MINISTER TO THE TRANSPORT STT-62-0265 TENTE I. NURMES SUME AS 130 A Date to the Medition of deated. The first of the standard of t A SECOND PROPERTY AND ADDRESS OF THE PROPERTY AURTAL FEST OF MILE CER. MILE CER. SAITLAND T.C. DO. SAITLAND T.C. TE SAMILE F. COLLINS STIVER ST K. J. J. M. L. S. T. W. L. M. SOATE TELETA TORON OF THE THE THE TANK OF THE PROPERTY OF THE PROPERTY OF

	FOR DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYGIENE	1 16072
- (3)	- CTATC	CAMINER'S CERTIFICATE OF DEATH	H REG. NO.
	DECEASED NAME FIRST MIDDLE (TYPE OR PRINT) MARY E.		DATE KNOWN MONTH DAY YEAR 28 HOUR
PLEASE ECTOR. PILES. HOURS		AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c.	DEATH MATED 6 17 19 81 1/ AM DATE MONTH DAY YEAR 26. HOUR
SARY	BIRTHPLACE ISTATE OR 176 CITIZEN OF WHAT COUNTR	85 YRS.	DNOUNCED SUNE 1719 81 11 AM
NEGS.	Maryland United State	S WIDOWED X DIVORCED	Montgomery MD.
PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	LIF NOT IN SUCH FACILITY, GIVE STREE	ET ADDRESS) FOR MOST	OCCUPATION TYPE OF WORK TOF WORKING LIFE) Sewife Home
AD. 21201 1. IF ANY DELAY IS I. 2. AND 31 OTHER 3. RETAIN PAGE 2 SHOULD BE PHED AL RECORDS. 201	SUAL RESIDENCE I IF IN MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEF 6. STATE 134 COUNTY 136 CITY OF 187 COUNTY 187 COUNTY 188 COUNTY 189 COUNTY 180 COUNTY	R TOWN 13d. INSIDE CITY LIMITS? 13e. STREET	4502
DEATH. IF GES 1, 2, M PM 3. AND 2 SP OFVITAL	FATHER'S NAME James Middle CAS M. O'Rour	15. MOTHER'S MAIDEN NAME FIRST	Caroline Turner
~ < & >	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) INFYES, GIVE WAR OR DATES) 16b. SOCIA	L SECURITY NO. 17 INFORMANT 0-7568 Alice 0'Rourk	ADDRESS
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RITING THE WORD. "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND: RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETA RS 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT PAGES 1 AND 2. SHOULD E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OCVITAL RECOID I PRIOR TO BURIAL, CREMATION, OR REMOVAL.		tritionSepsis-Pre QUENCE OF -itis.	
D BE EXECT PENDING" MEDICAL I D AS A BUR HEALTH AND CREMATIC	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6)	- Corchest
	190 DATE OF OPERATION 196 CONDITION FOR WE	IICH OPERATION WAS PERFORMED?	20 AUTOPSY? YES □ NO 🗑
E 3 SHOULD BE US E DEPARTMENT OF PRIOR TO BURIN		AY YEAR	
FORWARDED 1 DR: PAGE 3 SH HE STATE DEPA ND, 21201 PRIC	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)	AT HOME, 211. LOCATION	TY OR TOWN COUNTY STATE
PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 SHO AFIER DEATH, WITH THE STATE DEPAGE BALTIMORE, MARYLAND, 21201 PRIO	226. I certify that I took charge of the remains described above, death resulted Irom: Natural causes . Accident	, Suicide , Hamicide Undetermi	ined manner . June 17
CUTE THE SE 4 SHO FUNERAL FER DEATH LTIMORE, 1	EXAMINER'S NAME (TYPE OR PRINT) John G. Ball	M.D. <u>Deputy</u> MEDICAL 7936 01d ADDRESS Bethesda	Georgetown Rd. Maryland
PP	Burial June19,1981 Fore	ME OF CEMETERY OR CREMATORY 23d LOCAL CHIVOR TO GAITH	TION COUNTY STATE CYSSURG MONTG. Maryland GISTRAR 755. REGISTRAR'S SIGNATURE
(VR A15 ME (5)) 15M 2/80	Homes, P.A. Rockville,	Maryland JUN 2 4 198	International .

230 Longregaterial Lanne, 50. send denocated to the term of the title and the terms continue and many makers The manufacture of the trade of the later of The state of the s THE WEST COOP SERVICE. ties I mic enalters' materials Tues 13. In Tonest of the story (with a super su TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbomopers. Pages 1 and 2 should be filled within 72 hours of with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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DT	 OF	***		711			

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1-	FOR STATE REGISTRAR			DEPART	MENT OF I	EALTH AND MENTAL	HYGIENE	8 I REG.	NO.	6	4	7 3
	CEASED NAME OR PRINT)	FIRST	N	NIDDLE		Thomas	2a. D	20. DATE OF DEATH MONTH DAY June 1			198	26 HOUR
3. SEX	(4.1	RACE		5. DATE OF BIRTH			E (IN YEARS LAST			ER I YEAR.	IF UNDER 24 HRS
	male		black		June			YRS.			UATS	HOURS MIN.
C	RTHPLACE (STATE OR COUNTRY) Maryland	FOREIGN 76.		VHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED	A.	LTIMORE CITY		TY OF DE	EATH	
10_CI	TY OR TOWN OF DE	- 1	F NOT IN SUCH		NG HOME (OR OTHER INSTITUTION	V 12a L	JSUAL OCCUPA OF WORK FOR MOS	TION		KIND O DUSTRY	F BUSINESS OR
130.5	AL RESIDENCE (IF NUR TATE D.C. THER'S NAME FIRST	IST COUNTY Wash	1.	GIVE RESIDENCE BEFORE 13(CITY OR TOW Wash.		134. INSIDE CITY LIMIT YES NO I	3	REET ADDRESS		e #30	01	
	Franklin		dell	Thomas		Sylvia	a .	Darce	11	Wil	lliar	ns
	Conditions, if ony gove rise to im couse 101, stoth underlying couse	VAS CAUSED B IMMEDIATE C , which mediate ng the e lost	DUE TO, OR DUE TO, OR (b) DUE TO, OR	AS A CONSEQUI	ENCE OF MATURENCE OF WKS	RITY RE DELI PREGN NOT RELATED TO THE	YAN	cy.	NDITION G			MATE INTERVAL NISET AND DEATH
RTIFIC	19a DATE OF OPERA		196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED		a AUTOPSY?	IN CERT			IGS USED OF DEATH? NO
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11	22a L certify that (1) saw the deceas obove, (1) (we) ((this hospital)		_		. 19						that (I) (we) lost couses stated
	224 PHYSICIAN S N	Len	man	aoank		Mr ATTENDIN PHYSICIA 27e ADDRESS	NG MEI	DICAL ST ECTOR PHYS	AFF ICIAN []	27	c. DATE	SIGNED

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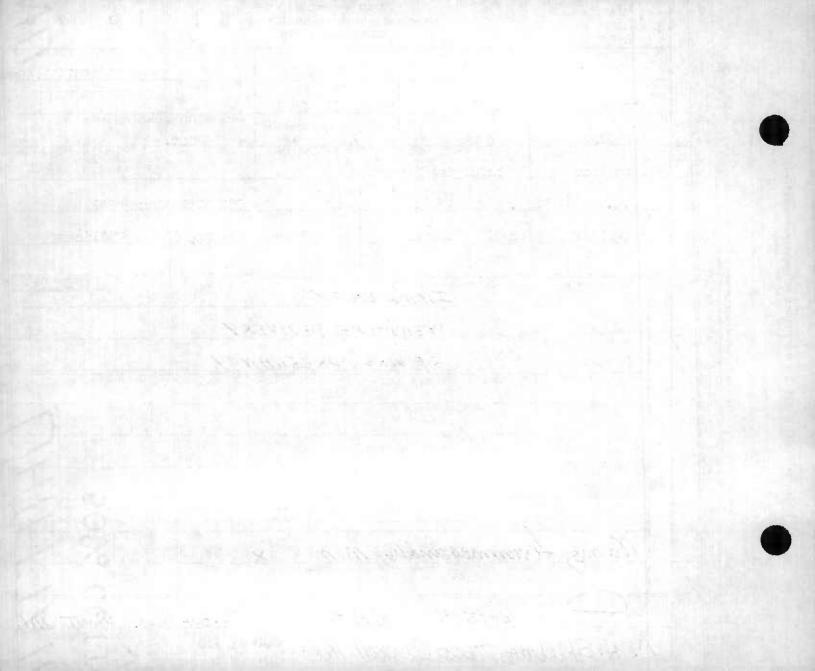
DHMH - 16 50M 1/81 (VRA 15, 4)

736 BURIAL CREMATION, FEMOVAL 73h DATE

24 FUNERAL DIRECTOR

231 NAME OF CEMETERY OR CREMATORY

23d LOCATION

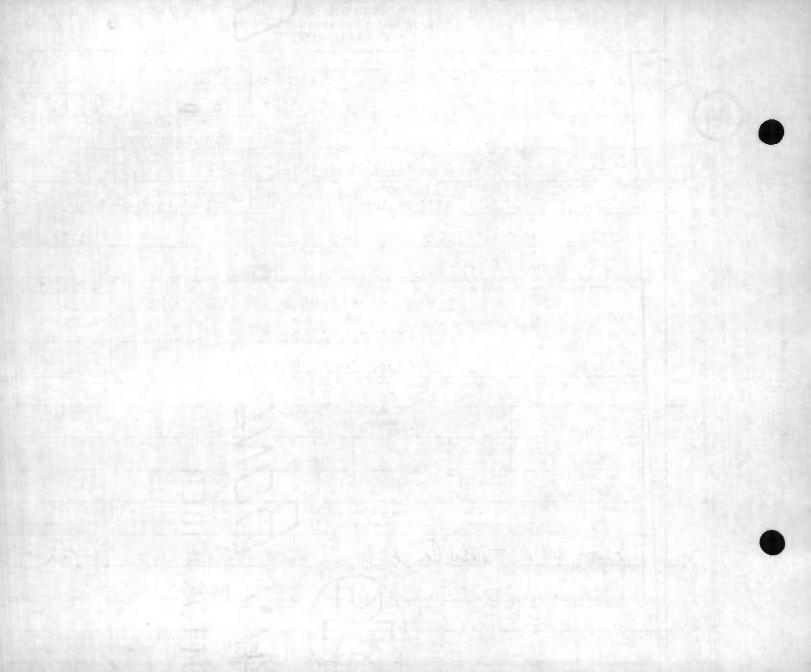


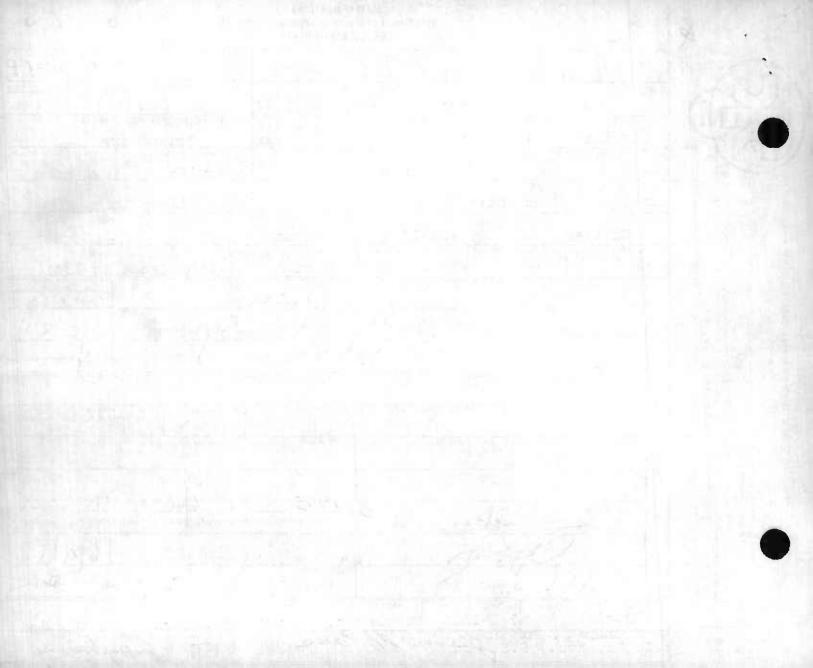
	1.	FOR STATE		DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MEN		ENE 8	-1	6 4	7	4
Į	/	REGISTRAR CEASED NAME FIRST		AIDDL#		ICATE OF DEAT		REG. N		YEAR		
1		OR PRINT)	Col		The	A31		Zo. DATE OF DEATH	MONTH DAY	191	26 HOUI	40
١	1. SEX	HNN	4 RACE	llall	5. DATE C	F BIRTH	7	AGE (IN YEARS LAST BI	THDAY) IF L	UNDER I YEAR	IF UNDER	24 HRS
	F	emale	Caucas	sian	Apri	1 2°5, 18	YEAR 93	88	YRS.	VTHS DAYS	HOUR5	MIN.
1	-	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIEI	D NEVER MARK	RIED 🗆	BALTIMORE CITY		PDEATH		
/	И	ew York		d States	WIDOWE	D DIVOR	CED 🔀	Montgome				MD.
a		ockville	(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET A Valley	DDRESS)			120 USUAL OCCUPAT (TYPE OF WORK FOR MOST ON THE COMPANY OF THE COM	F WORKING LIFE)	126. KIND OI INDUSTRY Priva		ss or Outy
9	130. 5	AL RESIDENCE (IF NURSING HOME OR 13b COUN Mont		GIVE RESIDENCE BEFORE 13c CITY OR TOWN Silver	4	13d. INSIDE CITY L	IMITS?	13e STREET ADDRESS	llevwoo	od Dr	ive	
		THER'S NAME	WIDDLE	1467		15. MOTHER'S MA						
2		Frederick	MIDDLE	Colman		Emma		WIDDLE	Су	pher		
	16a W	VAS DECEASED EVER IN U.S. ARI (15 YES, GIVI	MED FORCES?	166 SOCIAL SECUI		17. INFORMANT		ADDR				
1	N	0		215-20-	3481	Robert	a An	n Moldenh	auer,	Same		#13
	NO	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C	(c)_	R AS A CONSEQUE		NOT RELATED TO	THE TERMIN	NAL DISEASE OR CON	DITION GIVEN	IN PART 1(o		
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORME	D	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES		
ĺ	7.5	2 to . ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.	M. MONTH DA		21c HOW INJURY	OCCURRE	D (ENTER NATURE OF INJL	RY IN ITEM 18 PART	I OR PART 2)		
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	21e. PLACE	OF INJURY	19	21f LOCATION		CITY OR TO	NA/N	COUNTY	5.1	ATE
1	ž	WHILE NOT WHILE AT WORK	(AT HOME, STR	EET, FACTORY, OFFICE, FA	IRM, ETC)	SINCE		CHIOKIC				
		220. I certify that (I) (this hospit saw the deceased alive an, above, (I) (we) (did) (did na	5/2	19	2/1 0/1, on	d that in (my) (aur	9	, to, to	ote and hour or		that (I) (w	,
		226 SIGNATURE 226 PHYSICIAN'S NAME (TYPE O	e W	uffle	0		NDING SICIAN [MEDICAL STA		6/1	2/8	3/
		Frauke We	estphal	l, M.D.		309 Vei	rs M	ill Road	Rockvi	ille,	MD	
		URIAL, CREMATION, REMOVAL	16,	ine \$30. N \$0 1981 Ru	ame of couth	EMETERY OR CREM Dover Cemeter		23d LOCATION CITY OR TOWN Wingdal	e, Nev	OUNTY V Yor		ATE
	24 FL	Homes, P.A.	Bethes	umphrey		- 1	250. DATE	REC'D. BY REGISTRAN	256. RESISTRAL	R'S SIGNAT	We worky	

DHMH-16 30M 2/80 (VRA 15, 4)

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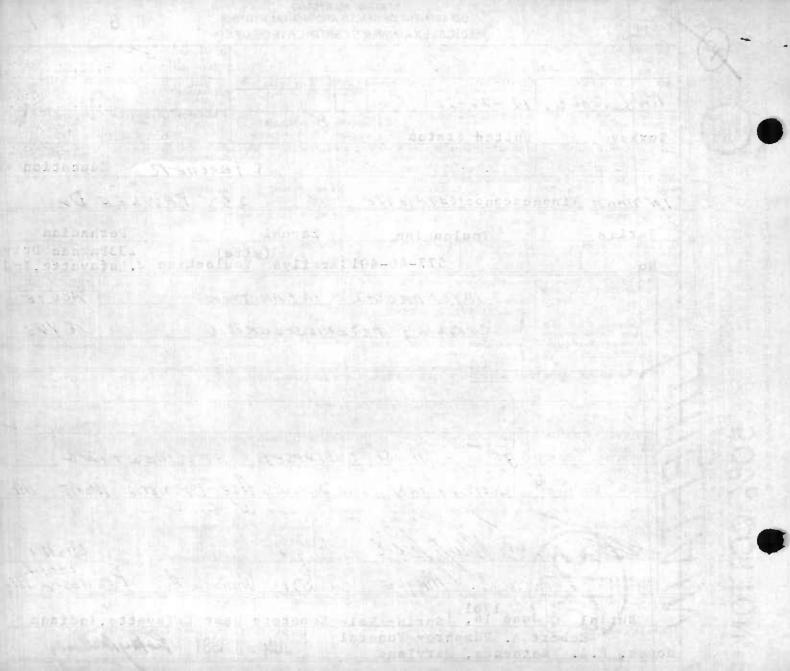
STATE OF MARYLAND





DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN MONTH OAY 2b. HOUR (TYPE OR PRINT) OF 4:44 P M Yeram S. Touloukian 6.12,81 DEATH MATED 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2d HOUR 1. SEX DATE BIRTHDAY PRONOUNCED 4:44 PM 60 DEAD 12 -28-20 6.12:81 b. CITIZEN OF WHAT COUNTRY? IN SIRTHPLACE INTATE ON 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FORDIGH DOUNTRY) United States WIDOWED [DIVORCED Turkey Montgomery IL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS NOT IN SUCH FACILITY, GIVE STREET AGORESS! OR INDUSTRY Bethesda Suburban Hospital Professor Education IS U.A.L. RESIDENCE III BURGERIO BETAL CROTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION NIK COUNTY 13d. INSIDE CRY LIMITS? 13e STREET ADDRESS PAWNEE Tippecanoe PAYETTE NO [] M. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Ferhadian Zaruhi Sarkis Toulouk ian Ma. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT ADDRESS 233Pawnee Driv (wife) (YES, NO, OR UNKNOWN) 577-46-4013 Touloukian W. Lafayette, Ind Arsilva 18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY INFARCTION MYOCARDIAL ACUTE IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which TERIO SCLERISIS gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO Z YES His EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AM. MONTH DAY YEAR OR UNDERLYING 9 CONTRIBUTING CAUSE OF DEATH P.M. COLLAPSED 2 le PLACE OF INJURY LATHOME. 21d INJURY OCCURRED 21f LOCATION AT WORK NOT WHILE WISCORDIN 19VE WOLIDAY INN 220 I certify that I took charged the remains described above, held on Autopsy Inspection and in my opinion Natural causes death resulted from Accident Homicide Undetermined monner TITLE (SPECIFY) TO FUNERAL MEDICAL EXAMINER SIGNED. EXAMINER'S NAME 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Spring Vale Cemetery West Lafayette, Indiana June 16. Burial 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Robert A. Bumphrey Funeral **DHMH - 17** (VR A15 ME (5)) Bethesda, Maryland Homes. 15M 7/77

STATE OF MARYLAND



may be

STATE	OF	MARYLAND	
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	1 -	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HYGI ICATE OF DEATH	REG. N	0.	0 4	/	O
		CEASED NAME OR PRINT)	Baby		Girl	TRAC	Y.	20 DATE OF DEATH June	HTMOM	1981	²⁶ ноυ 7:42	
			Caucas	ian	5. DATE O	e 17 ^{DAY} 1981	6 AGE (IN YEARS LAST BI	YRS	MONTHS DATE	HOURS	24 HRS. MIN. 28	
>	DE BIRTHPLACE (STATE ORFOREIGN 76. CIT COUNTRY) Maryland		Vb. CITIZEN OF V	WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED XX	Montgomer		OF DEATH		MD.	
7	10. CITY OR TOWN OF DEATH 11. NAM			Nationa	Naval	Medica	al Center	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST ON N/A		12b. KIND OI INDUSTRY	BUSINE	SSOR
3	13a S	L RESIDENCE (IF NURS TATE rginia	His country Fair	TY	GIVE RESIDENCE BEFORE 13c CITY OR TOWI Reston		13d INSIDE CITY LIMITS? YES XX NO _	13e. STREET ADDRESS 1406-2C No	rthga	te Squa	re	
3	14 FATHER'S NAME FIRST George Glazebroo				Tracy		15. MOTHER'S MAIDEN NAM FIRST Annette	Louis		aney		
	[Y	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS N/A George G. Tracy See item 13										
	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF										VAL DEATH	
	CERTIFICATION	PART 2 OTHER SIGN					NOT RELATED TO THE TERMI	200 AUTOPSY? 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 😿 NO YES 😿 NO NO				
	HOIL			HOUR A./	M. MONTH DA	YEAR	21t. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)		
	WE	21d. INJURY OCCURE WHILE HOT WHAT WORK AT WO	RK		EET, FACTORY, OFFICE, FA		211 LOCATION STREET	CITY OR TO	NWO	COUNTY	s	TATE
	l l	22a.l certify that (1) saw the decease above, (1) (we) (c	ad diliye kou _			June 81on	17 19 <u>81</u> d that in (ry/y) (our) opinian d	, to <u>June</u> leoth accurred an the d	ate and hau		that It (v couses sta	
	1 1	226 SIGNATURE	E 12				DEGREE			22c. DATE	SIGNED	

22e. ADDRESS USNR National Naval Medical Center, Bethesda, Md. 231. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, 23d. LOCATION STATE

National Naval Med

Cremation 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15, 4)

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IMPORTANT: If Item 21 is

June 18 1981

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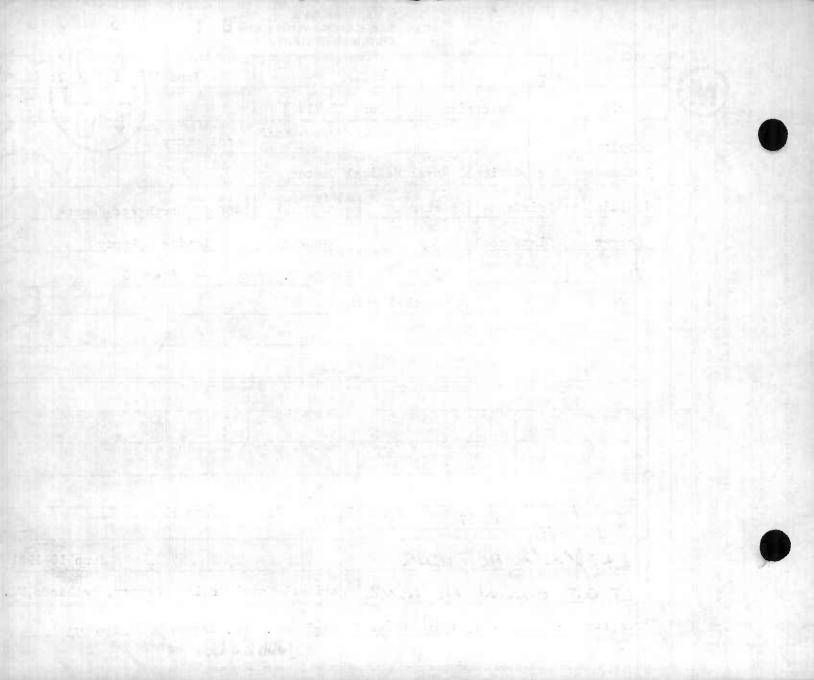
ATTENDING PHYSICIAN

Bethesda Montgomery

8348 COS 844

June 18 1981

MEDICAL STAFF DIRECTOR PHYSICIAN



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3	١,	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	6 4 8 0
•	11	- STATE DESIGNATION A L. P. L. P. L. P. CERTIFICATE OF DEATH	
		REG. NO.	
		ECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DA	-4
ay be page 3 death		EVELYN TURNER 6:	28/310/
nay be	3. SE		FUNDER I YEAR OF UNDER 24 HRS
4 ms Por, p	3. 30	MONTH DAY YEAR	ONTHS DAYS HOURS MIN.
age age	-	F BLACK 1 2 03 78 YRS.	
og ip	70-	BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8	OF DEATH
# 66 84	16	COUNTRY LA MA 1/SA MARRIED NEVER MARRIED BOTTO	MACHIN
de de	100	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION	C D MD.
ofter the day	10.	TE NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	126. KIND OF BUSINESS OR INDUSTRY
100 rs of filed	1	Delhesda BUBUBARN HOSPITAL	
ed within 24 hours and 2 should be fill a should be fill a standing a standin	JUST	UAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION)	1
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LAND 34 hin 24 h			View Ave
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	140	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
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		NO 20 125874 VOYIS HEATH 5020 Ca	mineare
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	1	9360 DUE TO, OR AS A CONSEQUENCE OF	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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Page of de		gave rise to immediate	
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ol w that that desse ral, cr		underlying cause last.	
se es .		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	V IN PART 1(a)
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ECOR Dow re been mit I prior	4 5	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, Y	WERE FINDINGS USED
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OF V		OR CONTRIBUTING TO CAUSE OF DEATH. HOUR A.M. MONTH DAY YEAR	
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PHYS andir this of Modern	9	216 PLACE OF INJURY (ATHOME STREET, FACTORY, OFFICE, FARM, ETC.) 216. LOCATION STREET CITY OR TOWN	COUNTY STATE
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			, mar (1) (we) last
F 0 1200		saw the deceased alive an 19, and that in (my) (aur) apinian death accurred an the date and haur abave, (1) (we) (did) (did nat) view the body after death.	and from the causes stated
R P P P P P P P P P P P P P P P P P P P		276 SIGNATURE DEGREE	221. DAJE SIGNED
£ 0 =		ATTENDING MEDICAL STAFF PHYSICIAN DEPOPERTOR DEHYSICIAN D	6/2/81
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MAPOUNT Show	23n	BURIAL, CREMATION, REMOVAL 236. DATE / 236. NAME OF CEMETERY, OR CREMATORY 236. LOCATION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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(VRA 15, 4)	1/	10, Diett 4600 Libert 19/113, Dalto. JUN 5 1981	h. hall .
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME YEAR DATE KNOWN [7b. HOUR (TYPE OR PRINT) OF ESTI-Patrick Alexander DEATH MATED 6 1910 8 Twiga 4 RACE DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. Noon IF LINDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD 310 81 Male White JUNE 26 1955 25 YRS Ja: BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Y FOREIGN COUNTRY MARYLAND WIDOWED [DIVORCED Montgomery County, 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY 21510 Clarksberg Rd - in pond Clarksberg RETHESDA NAVAL SHOULD BE HOSPITAI 13g STATE CLARKSberg 13d. INSIDE CITY LIMITS? 13e STREET ADDRES MONTGOMER MARYTAND 14. FATHER'S NAME GES I MIDDLE JOSEPH TERESA TWTGG DAVIS GIVE PAGES 17. INFORMAN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS DIVISION (YES, NO, OR UNKNOWN) 218-62-5875 JOSEPH TWIGG RFD#9 CHRISTIE ROAD CUMBERI 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PERMIT. BETWEEN ONSET AND DEATH EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM I PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNEXAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMI AFTER DEATH, WITH THE SITE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) _____ DROWN ING DUE TO. OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? YES X NO T 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR UNDERLYING MEDICAL subject drowned CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21f LOCATION 214 INJURY OCCURRED (AT HOME. STREET, FACTORY, FARM, ETC.) WHILE AT WORK Clarksberg Rd., Clarksberg, Mont pond 22a I certify that I took charge of the remains described above, held on Autopsy and in my opinion Agrident XX death resulted from Natural causes Homicide Undetermined manner TITLE (SPECIFY) ACTUAL Deputy ChiefEDICAL EXAMINER 7/5/81 SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. III Penn ST. Balto. MD. 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION JULY HILLCREST BURTAL CUMBERLAND ALLEGANY MD. PURTAT STLCOX-MERRITT CUMBERIAND, MARYLAND **DHMH-17** (VR A15 ME (5)) 15M 2/80

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e 4 mc rtor, p	3. SE	× Female	MEXICA!	S DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIE	PRTHDAY) IF UNE	DER 1 YEAR IF UNDER 24 HRS
a la		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	NTRY? 8		9. BALTIMORE CITY		EATH
deorth	1	(EXICO	MEYICO	WIDOW		MONT	GOMER	Y COUNTIMO.
- # # b1	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		OR OTHER INSTITUTION	120 USUAL OCCUPAT		L. KIND OF BUSINESS OR
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ND 213	13a.	AL RESIDENCE (# NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE ITY O	E BEFORE ADMISSION)	134 INSIDE CITY LIMITS	13 STREET ADDRESS	PRINC	AUE.
orthin 2 sh	XF	ATHER'S NAME FIRST	NIDDLE LA	C.Y.	MOTHER'S MAIDEN	NAME		
e, MARYLAND		RAFAEL (N) DE LA	AFNA	PATHER	IA & NODIE	FU	NTES
MORE,	160 \	VAS DECEASED EVER IN U.S. ARI	MED FORCES? VI SOCIA	L SECURITY NO.	17 INFORMANT	ADDR	ESS	
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F VITAL RECOIDED TO THE low rephysician. Physician host permit in all Hygiene prior In 18 shows ony in 18 show	일	DATE OF OFERANOR	The Condition Tok	VIIICII OFERATIO	IN WAS FERFORMED		IN CERTIFYING	CAUSES OF DEATH?
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SION OF VITA PHYSICIAN: TI ending physicia this certificate the buriol-transit di Mentol Hygi dor them 18 sh		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONT		The state of the s	OTRED (EINER INATIONE OF INA	AT IN HEM 16, PART I O	RPARIZ)
HYSICIA nding pl his certif buriol-t 3 Mentol-t or them	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	21f. LOCATION			
	AE	WHILE NOT WHILE	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET	CITY OR TO	wn co	DUNTY STATE
To A old E		72x I certify that (I) This haspit			10 19 7	I to JUNE	25 , 19 8	that (1) (we) last
R ATTEN hospital RECTOR sed for up pt. of H		naw the deceated alive on, obove, (1) (we) (did) (did not	Sign the body after death	1981 .01	nd that in (my) (our) opini	on death occurred on the d	date ond hour and	from the couses stoted
조 보 조 한 한 한		77H SIGNATURE	11		DEGREE		2	22c. DATE SIGNED
	1	408 N (mon	-	ATTENDING PHYSICIAN			6-25-81
- O	1	22d. PHYSICIAN'S NAME (TYPE OF		-	22e. ADDRESS 831	UNIVERS		UD, EAST
		LEWIS H.DE	NNIS, MIS	> -	SIL		ING, M	D. 20903
0 f d X X	23a E	URIAL, CREMATION, REMOVAL	23b DATE	23c. NAME OF C	EMETERY OR CREMATOR	23d LOCATION	, should	TT-011 STATE
2606BP	L	Burial	6-27-1981	SAN.	ANGEL	N. MAREd	6 416 2	VICE a TAMES
DHMH - 16 60M 7/73		INERAL DIRECTOR	Nuevo Lar	edo, Mex	250.	ATE REC'D BY DEC ISTRAR	25b. 25b.	MARGONEONY
(VR A 15 (4))	Vas	quez Funeral Ho	me Madero No	3352	J.	UIT G W ISUT	0/	,

EMBLIADA DE MEXICO
WASHINGTON, D.C.

Nº 439292

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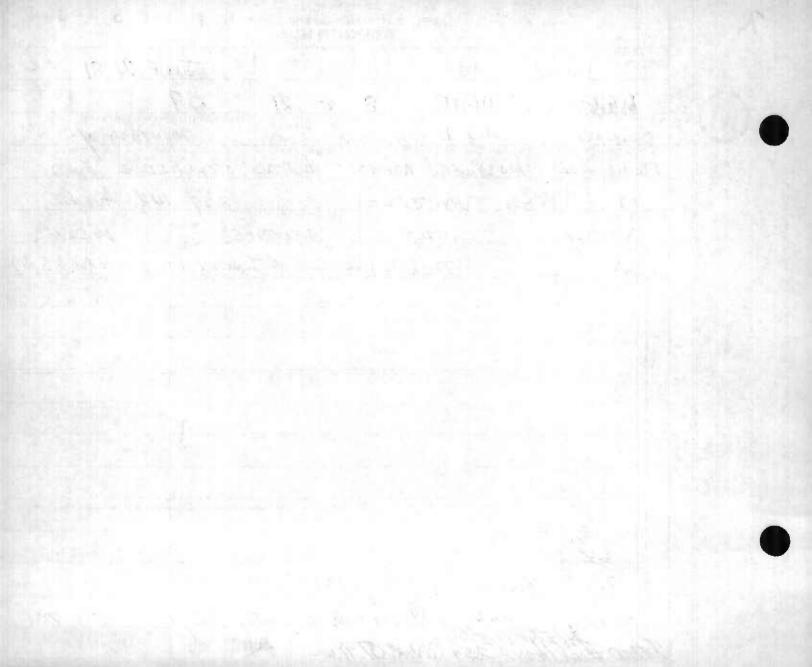
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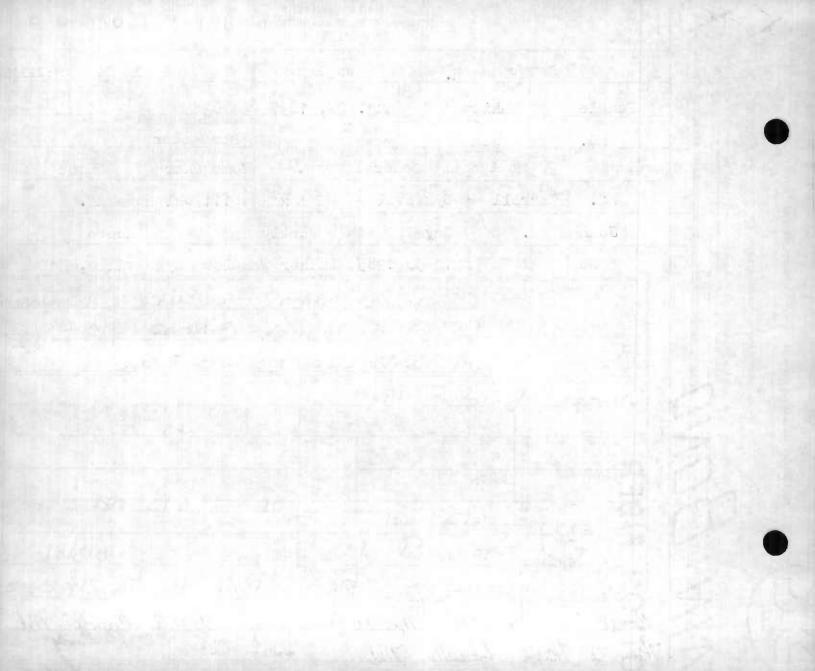
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El suscrito EMB. A	VARO CARRANCO AVILA,	bere de la	Seccion C	onsular
Cónsul	Embajada		WASHINGT	
es de Lewis H.	Dennis, M,D., Fund	cionario del	Departam	ento de Sa-
lud e Higiene d	el Estado de Maryla	and en los Est	ados Unidos	de América.
y la misma que debe dar fe y crédito	acostumbra usar en todos	los documentos q	ue autoriza; po	or lo cual se le
	WASHINGTON, D.C.	de27	junio	de 19_81
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STATE OF MARYLAND



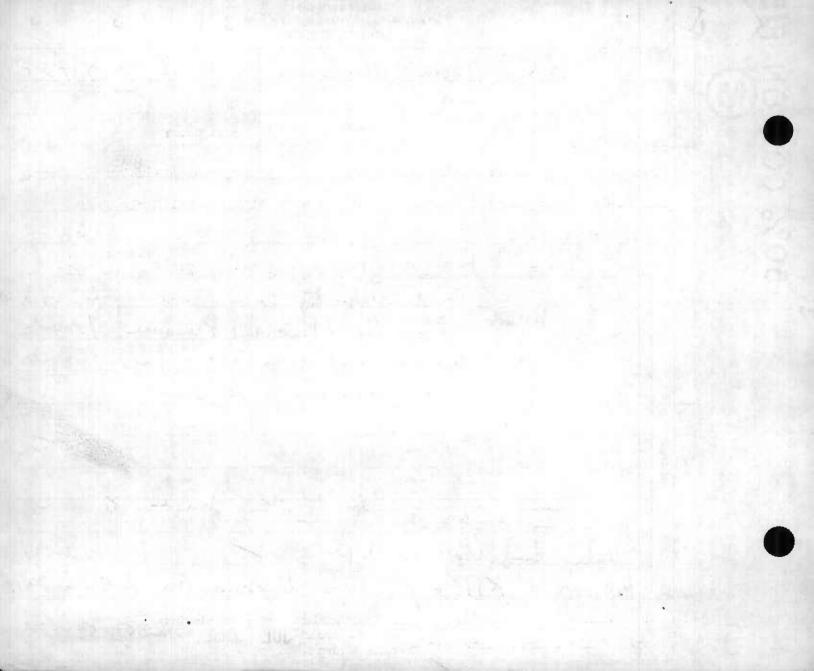


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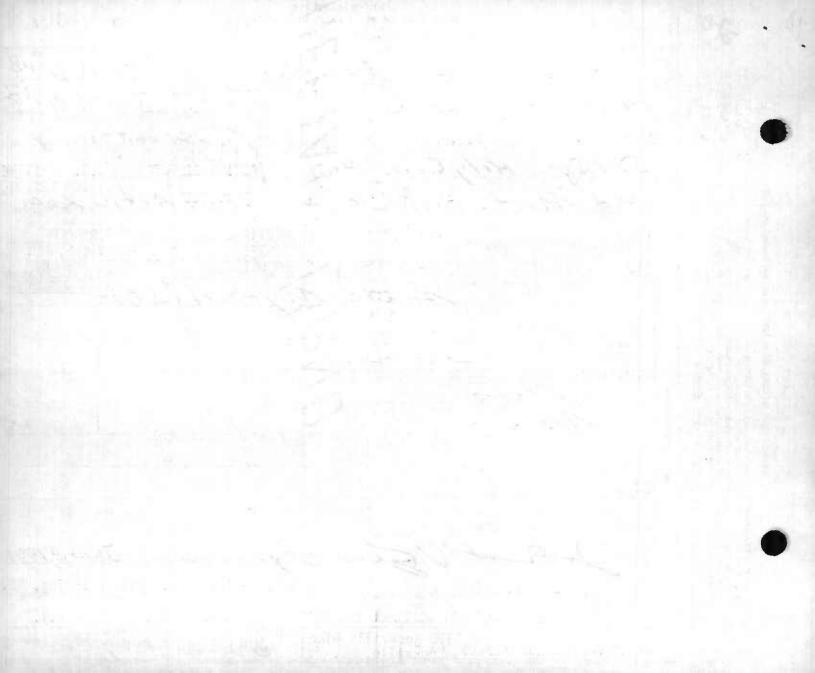
REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



IN DA	1.	FOR	DEPARTMENT O	F HEALTH AND N	MENTAL HYGIENE		6 4 8 7
1	1-	STATE REGISTRAR	MEDICAL EXAMI				0 , 0 ,
		CEASED NAME FIRST	WIDDLE	LAST	2	DATE KNOWN A	ONTH DAY YEAR 26 HOUR
17 S.S. S.E.	(17)	EORPRINT)	1 11	Weis	5/22	OF ESTI-	una 2 10 Cr 1136
PLEASE CTOR FILES HOURS	3. SE	4 RACE 5. DATE C	OF BIRTH 6 AGE (IN	YEARS IF UNDER 1 YR.		C. DATE MO	NTH DAY YEAR 24 TOLUP
N S C R S		M W Au	DAY YEAR LAST BIRT	YRS. MONTHS DAYS	HOURS MIN P	RONOUNCED TO	no71981 113m
PARESSA FINANCE FINANC		RTHPLACE (STATE OR Th CITE	N OF WHAT COUNTRY?	8. MARRIED PEN	EVER MARRIED 9	BALTIMORE CITY OR CO	DUNTY OF DEATH
S NECESSARY, PLEASE FUNERAL DIRECTOR. E. S. FOR YOUR FILES. D. WITHIN 72 HOURS I W. PRESTON STREET,	N	EW YORK	U.S.A.	WIDOWED -	DIVORCED	Mon	trinery MD.
	10 C		E OF HOSPITAL, NURSING HO		UTION 126 USUA	LOCCUPATION (TYPE OF W	12b. KIND OF BUSINESS OR INDUSTRY
DELAY N PAG S S FIL	111511	AL RESIDENCE (IF IN NUMBER OR OTHER INS	16/4 (NOV.	1 /1851		G DIRECTOR	U.S. MARITIME
COCHES S		AL RESIDENCE (IF IN NULLANG) ONE OR OTHER INST TATE 136. COUNTY	TITUTION, MYE RESIDENCE BEFORE ADMI	10 / 1 13d. INSIDE		T ADDRESS	COMMISSION
S. S. A. A. S.	111	ma Men	t. Keultv	11/C YES DU		HH AVE	IC AVE,
DEATH. DEATH. GES 1, AM PM. AND 2 OEVITA	1	THER'S NAME FIRST MIDDLE	LAST		FIRST	MIDDLE	LAST
ORE, DEA	160	FRANK VAS DECEASED EVER IN U.S. ARMED FORCE	WEISSLE 166. SOCIAL SECUR		ENRIETTA	ADDRESS D.C	BIRNBAUM
T., BALTIMORE, MD. 2120 URS AFTER DEATH, IF ANY 8. GIVE PAGES 1, 2, RETA WITH FORM PM 3. RETA WITH FORM PM 3. RETA WITH FORM PM 2. SHOUL E. DIVISION OEVITAL RECO	0	YES (IF YES, GIVE WAR OR DATE KOREA	094-22-5		™ANT(WIFE) ANOR WEISSL	ED 12414 AD	CKVILLE, MD.
	-	18 CAUSE OF DEATH (Enter only one cause		310 ELE.	ANUK WE133L	ER 13414 AR	APPROXIMATE INTERVAL
W. PRESTON ST., o WITHIN 24 HOUI ENCIL IN ITEM 18 MINER ALONG W TRANSIT PERMIT. INTAL HYGIENE, C OR REMOVAL.		PART I DEATH WAS CAUSED BY:	1- 1	te 1	MYOUS	alist n	BETWEEN ONSET AND DEATH
ITON SI 124 HO 1 ITEM 1 ALONG ALONG T PERM YGIENE,		429 / IMMEDIATE CAUSE	E TO, OR AS A CONSEQUENC	E OF	1	or creek	7 01
THIS IN THE THIS IN THE THIS IN THE TH		Canditians, if any, which gave rise to immediate	(b)				
UTED WITH! UTED WITH! IN PENCIL! EXAMINER EXAMINER AMENTALY ON, OR REA		cause (a) stating the <u>under</u> -	E TO, OR AS A CONSEQUENC	E OF			
S S S S S S S S S S S S S S S S S S S		lying cause last.	(c)				
BOUSHON OF VITAL RECORDS, 201 W. PRESTON ST., SCRTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU RITHING THE WORD "PENDING" IN PENCIL IN 1TEM 18 RDED TO THE CHIEF MEDICAL EXAMINER ALONG VER 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, I TO PRIOR TO BURIAL, CREMATION, OR REMOVAL.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITIO	ON GIVEN IN PART 1 (all		
RECORDS D BE EXE ENDING MEDICA AS A BU CREMA	Ĭ		ro				
SHOULD ORD "PE CHIEF NE CHIEF NE USED A TOF HE UNIAL, C	3	190 DATE OF OPERATION 191	CONDITION FOR WHICH OP	ERATION WAS PERFO	RMED?		20 AUTOPSY?
F VITA WOORD WOOD BE US BURIN	# E	210 EXTERNAL CAUSE WAS 210	. TIME OF INJURY				YES NO TO
N OUT THE VOICE STANKE	MEDICAL CERTIFICATION	UNDERLYING OR H	OUR A.M. MONTH DAY YE	AR ZIE HOW INJUR	Y OCCURRED (ENTER NA	TURE OF INJURY IN ITEM 18 PART 1	OR PART 2)
STIFE SHO SHO RIOR	1 2	CONTRIBUTING CAUSE OF DEATH	P.M. 19 PLACE OF INJURY (ATHOME.	21f LOCATION			
DIVISION OF VITAL RETHINS CERTIFICATE SHOULD WRITING THE WORD "PER WARDED TO THE CHIEF MARGE 3 SHOULD BE USED A TATE DEPARTMENT OF HEAD 21201 PRICK TO BURIAL.	ME	WHILE NOT WHILE	STREET, FACTORY, FARM, ETC.)	STREET		CITY OR TOWN	COUNTY STATE
DI E: THIS (FE, WRI RWARD STATE (), 21201		AT WORK			0		
A PO	Ш	220 I certify that I taak charge of the re			Inspection .		ny opinian
REC REC		death resulted fram: Natural causes	Accident L.	Suicide		mined manner,	
E CERT OULD H, WITH, WAR,		ACTUAL SIGNATURE	2010	TIFLE (SPECIFY)	D	Waned, 1981
SEATE STAN				at.D	WEDIC	AL EXAMINER S	CHED
A SUPPLIED OF THE SECOND OF TH	-	EXAMINER'S NAME (TYPE OR PRINT) JOHN S	ROGERS	ADDRESS_	1919 Semir	nary Rd., Sil	ver Spring, MD.
TO MEDICAL EXAMINER: THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERA DIRECTOR: PAFTER DEATH, WITH THE STAMINOPE, MARYLAND, 2	23a.B	JRIAL, CREMATION, REMOVAL 23b. DATE	23c. NAME OF C	EMETERY OR CREMAT	ORY 123d LOC	ATION	
BP		BURIAL DUNE 1	0,1981 WELLWO	OD CEMETER		RMINGDALE,	N.Y.
DHMH - 17		INERAL DIRECTOR	ADDRESS 1170 Rock	ville Pike	25a. DATE REC'D. BY R	EGISTRAR 256 REGISTRA	R'S SIGNATURE
(VR A15 ME (5)) 15M 2/80	D,	ANZANSKY-GOLDBERG CH	APELS, Rockvil		JON T	2 1981	1. 60)



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STATE OF MARYLAND

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28		1 -	FOR STATE REGISTRAR	REG. NO.						
2.5		DEC (TYPE	OR PRINT)	11 C	therin.	0	(4): 11	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR	
pod pod	ŀ	3. SE)	11778	1 RACE	THENT	5. DATE (6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS	
m. H	L		FEMALE	WHIT	NE	JAI		91 YRS		
物儿	1	BII CC	RTHPLACE (STATE OR FOREIGN DUNTRY)		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH	
te be executed within 24 hours after/design PRD 4 income and completely filled in by the fundral distriction of the medical change be fulled within 72 identity. The medical continuerancy be publicated and once.		PENNSYLVANIA	USA		WIDOW		MONTGOMERY	MD.		
led wil	10		ROCKVILLE 11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) NATIONAL LUTHERAN		HOME	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING CLERT CAL	LIFE) 126. KIND OF BUSINESS OR INDUSTRY UNKNOWN			
charge be	35	130 S M			130 CITY OR TOW BALTIM	/N	136 INSIDE CITY LIMITS? YES A NO	13. STREET ADDRESS 6401-LOCHRAVE	N BLVD.,	
3	20	4 FA	THER'S NAME NEWTON	WIDDLE	LAST		REBECCA	MIDDLE	SHELMAN LAST	
Proges	2	(×	VAS DECEASED EVER IN U.S. A	RMED FORCES?	NOT AVAI	LABLE	REV. DR. RICHA	ARD HEMBROCK - 97	KVILLE, MD.	
paper noval ent, th	ľ		18 CAUSE OF DEATH Enter of PART I, DEATH WAS CAUS	nly one couse pe	r line for A , (b), or	dic	1. 13.	, 7	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
6 6 6			IMMEDIATE CAUSE (0) CARRETON CERCULAR DAYS							
attending nove corbo ation, ar re traumatic e			DUE TO, OR AS A CONFEQUENCE OF MONTHS							
ted by the at please remover priof, cremation, or ather tra		Conditions, if ony, which gove rise to immediate couse iol. stating the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO SEATH BUT NOT RELATED TO THE T						Hallow		
Then tabu njury		Z	TAKT 2 OTTEK STONIFICANT	COMPINONS C	ON KIBOTING TO	V	NOT RELATED TO THE TERM	HIVAE DISEASE OR CONDITION O	SIVER IN PART TO	
rgiene prior	2	CERTIFICATION	190 DATE OF OPERATION	196 CONE	OITION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO	
Mental Hygie or Item 18 sho	9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A		AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	B, PART I OR PART 2)	
olth and Mo morked or	4	MEDICAL	2 id. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, ST	OF INJURY IREET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE	
for us of He 21 is	П		220.1 certify that (1) (this haspital) attended the deceased from 23, 19, 10, 10 (1) (we) lost in with deceased of the analysis of the deceased from 23, 19, 19, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10							
DiRE toche Dep			27% SIGNATURE	K	edly)	IX	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10-6-81	
TO FUNERAL should be det with the Stote			DR. TH	omas doc	DLEY		9701-VEIRS	DR., ROCKVILLE,	MARYLAND	
⊢ ™ 3 <u>≤</u>		23a B	URIAL, PREMATION, REMOVA				EMETERY OR CREMATORY	236. LOCATION CITY OR TOWN	COUNTY STATE	
	-	24 FI	BURTAL	SHUE	9,1981 PR	OSPEC	T HILL CEM.	BALTIMORE E REC'O BY REGISTRAR 256, REGI	MARYLAND	
16 50M 1/76 (15 (4))		17 16	HYSONG F.H	7300 N	ADDRESS	M. Id.	WASH., DOUN	127987	The state of the s	
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STATE OF MARYLAND

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DHMH-16 50M 1/B1 (VRA 15, 4)

FOR STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

		CEASED NAME FIRST	WIDDIE	I.	AST A	1	O DATE OF DEATH	MONTH [DAY YEAR	26 HOUR			
		MU	ETLE A.	- 6	UILSON			6-1	1-8/	1130 4			
	1. SE)	Em 1	4. RACE	5. DATE O	DAY YE	EAR 6	AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER I YEAR	HOURS MIN.			
	1	PIAL	White		June 9, 1901 8 MARRIED NEVER MARRIED		80	YRS					
A		RTHPLACE TEMPLOR FOR IGN	76 CITIZEN OF WHAT COUN	MARRIEI			9 BALTIMORE CITY OR COUNTY OF DEATH						
1	10 CT	Maryland	USA	WIDOWE			MONTBOMELY ().						
1	10 01	Rothords		NAME OF HOSPITAL, NURSING HOME OR OTHER INS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)			20 USUAL OCCUPATION OF WORK FOR MOST OF	WORKING LIFE	B PNDLATRY				
4	#ISUA	AL RESIDENCE (IF NURSING HOME OF	SUPUREA OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION	A) COL		Cashier		Glenn				
5	13a_S	STATE 136 COUN	NTY 13c CITY OR	RTOWN	134 INSIDE CITY LIA		3e STREET ADDRESS	- 1 11	Martin				
4	-	aryland Mon	tgomer/Gaith	ersburg	YES NO		Asbury M	ethod	ist Vil	rage			
1			MIDDLE	entine	FIRST		MIDDLE		LAS	T			
1	16n W	VAS DECEASED EVER IN U.S. AR		SECURITY NO.	LMI 17 INFORMANT	ma	ADDRE		rgeme	ister			
1			/E WAR OR DATES)	0 5638		alab	\\/;100m	2-1-1-					
					1VIII . PC	atpn	Wilson, F	ke iste					
		PART I. DEATH WAS CAUSED BY								INSET AND DEATH			
		I I MMEDIA	TE CAUSE (a)	51111	// V V-	2/1/4	01011	,	300	-			
		Conditions, if ony, which	DUE TO, OR AS A CONS	HO (In N	T FROM	AGI	bombons	ME	110	MAK			
		gove rise to immediate											
		underlying couse lost DUE TO, OR AS A CONSEQUENCE OF MARCH 17/1											
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE OR CONDITION GIVEN IN PART 110											
	CERTIFICATION		MALIG	MAN	7	111	PLAM	019	A				
7	CAT	190 DATE OF OPERATION	1% CONDITION FOR W	WAS PERFORMED	WAS PERFORMED 200 AUTOPS			, WERE FINDIN	IGS USED OF DEATH?				
lla,	RTIF	6/10/8/	Intistry our recen			_	YES YES NO						
7		710. ACCIDEN WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	110110 4 11 1101171	H DAY YEAR	71c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUR	TT-ITEM 18 P	ART I OR PART 2)				
	CAI	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19									
	MEDICAL	716 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY O	OFFICE, FARM, ETC.)	ZII. LOCATION		CITY OR TO	WN	COUNTY	STATE			
		AT WORK AT WORK		A.		00		11	81				
		270. I certify that (I) the harmon offended the deceased from											
	3	above, (1) Late-edid Tdid no	ew the body after death			opinion de	oth occurred on the do	ite and hou					
ı		278 SIGNAPORE		1/2	DEGREE	DING	MEDICAL _ STAF	F	220 DATE	19 D 1			
_	2	22d, PHYSICIAN'S NAME ATYPE	7	7 /	PHYSIC ADDRESS	CIAN	DIRECTOR PHYSIC	IAN 🗌	10/	2/0/			
		12 x (2)	MARNI	6116 R	BiNUI	OD.	Brillad	na.	2/ 3	20034			
H	23n B	BURIAL, CREMATION, REMOVAL	. Tab. DATE	1230 NAME OF C	EMETERY OR CREMA	ATORY	1236 LOCATION	0,11	* * * * * * * * * * * * * * * * * * * *				
	(Burial	6/15/81	Baltin		NI OKT	Baltimor		MYTHUDO.	STATE			
	24 FL	UNERAL DIRECTOR Henry				250. DATE F	REC'D. BY REGISTRAR		PARTSIONAL	Buch			
	4	1905 York Roa	d Balto., "	Md. 21	212	1111	1 1 2 1981	pro	may / ha	7			

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STATE OF MARYLAND

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2		FOR 1 - STATE		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEDICAL EXAMINER'S CERTIFICATE OF DEATH					
	- 1	REGISTRAR DECEASED NAME FIRST		MIDDLE EXAMINER		KEG. NC			
ш		(TYPE OR PRINT)	Olga	/	last Winokur	20. DATE KNOWN OF ESTI-	DMONTH DAY YEAR 75 HOUR		
PLEASE ECTOR. FILES.	REET	SEX 4. RACE	IS. DATE OF BIRTH	6. AGE (IN YEARS)	FUNDER I YR. IF UNDER	DEATH MATED TO DATE	June 179 H RM		
	SZ	Fin	MONTH DAY		AONTHS DAYS HOURS	MIN PRONOUNCED DEAD	1 2 Me C 238		
NECESSARY UNERAL DIE R YOU	1/	a. BIRTHPLACE (STATE OR	76. CITIZEN OF Y		ARRIED NEVER MARR	9. BALTIMORE CITY O	R COUNTY OF DEATH		
NECESSA FUNERAL	(A)	FOREIGN COUNTRY) Russia	U.S.A	WIC	X 2 4 4 0 4 7 MD				
S. P. S.	47	O. CITY OR TOWN OF DEATH		SPITAL, NURSING HOME, OR	OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE	OF WORK 126 KIND OF BUSINESS OR INDUSTRY		
300 8	600	Vilo Spe	1601	Y CUNS	4000	Ret-Bookkeeper			
NORE, MD. 21201 R DEATH. IF ANY DELA AGES 1, 2, AND 3 TO RM PM 3. RETAIN P 1 AND 2 SHOULD BE	S A	JSUAL RESIDENCE (IF IN TURSING HO 30. STATE	ME OR OTHER INSTITUTION, G	13c CITY OR TOWN	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS	, ,		
		MX 1	Lonto	Bethero	YES TO NO	7605 H	neutylasy		
M 3.2	E /	4. FATHER'S NAME	WIDDLE	LAST	15 MOTHER'S MAID	EN NAME MIDDLE	LAST		
DEATH. GES 1, M PM	800	Aaron	40.00	Winokur	Anna 17 INFORMANT		(Unknown)		
₹ EGCXX	S I		GIVE WAR OR DATES)	166 SOCIAL SECURITY NO		ADDRESS			
	SIS /	No	00 00 00	159-03-3912	Arnold h	linokur, Same ad			
201 W. PRESTON ST., B. UTED WITHIN 24 HOURS IN PECIL IN ITEM 18. G EXAMINER ALONG WIT IAL-TRANSIT PERMIT. P.	O MENTAL HYGIENE, DIY	18 CAUSE OF DEATH (Enter PART I DEATH WAS CAU	anly one cause per line ISED BY:	to the second se	4. 1 To 4	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
STON STON STON STON STON STON STON STON	S A I	1289 IMMEI	DIATE CAUSE (a)	R AS A CONSEQUENCE OF	ice I'mi	C-UZJCWI Z			
HIN HIN ANSIT	EWE	Canditians, if any, wh	ich	our h	4.	Cozg n/2t			
W. WIN	OR OF THE	gave rise to immedicause (a) stating the una		R AS A CONSEQUENCE OF	The Contract of the Contract o	e great the	/ C		
	Ž Ž	lying cause last.	(c)						
DIVISION OF VITAL RECORDS, 2011 S CERTIFICATE SHOULD BE EXECUTED RITING THE WORD "PENDING" IN PROPED TO THE CHIEF MEDICAL EXA- RED SHOULD BE USED AS A BURIAL-	HEALTH AND MEN AL, CREMATION, O	PART 2 OTHER SIGNIFICANT CONDITI		BUT NOT RELATED TO THE TERMINAL O	ISEASE OR CONDITION GIVEN IN PA	ART 1 (g).			
RECORDS TO BE EXE PENDING MEDICAL ARDICAL	E SE	No Ev:	acture	R614	100				
VITAL RE SHOULD ORD "PE CHIEF A	E A	190. DATE OF OPERATION 210 EXTERNAL CAUSE WAS	196 COND	ITION FOR WHICH OPERATIO	WAS PERFORMED?		20. AUTOPSY?		
OF VITAL I	6 5 5 7	210 EXTERNAL CAUSE WAS	c				YES NO NO		
VISION OF CERTIFICATE TING THE W DED TO THE 33 SHOULD B	E DEPARTMENT OF HEAD OF PRIOR TO BURIAL, O	UNDERLYING OR	HOUR A.A	A. MONTH DAY YEAR	HOW INJURY OCCURRI	ED LENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2]		
STIES TO TO TO	A SO	UNDERLYING OR CONTRIBUTING CAUSE OF THE CONTRIBUTING NOT WHILE NOT WHILE	OF DEATH 210 PLACE		T CU O	in her r	7. hup		
DIVISION C THIS CERTIFICA WARDED TO TI PAGE 3 SHOUL	O D D			TORY, FARM, ETC.]	STREET	CITY OR TOWN	COUNTY STATE		
F., \$ 6.	21201	AT WORK AT WORK	~				remon		
S S S S S S S S S S S S S S S S S S S	A, WITH THE	22a I certify that I taak ch	(20		utapsy		d in my apinian		
AMN REC	RYL N	death resulted fram: N	atural causes	Accident , Suicide		Undetermined manner,			
E DE CE	, §	ACTUAL SIGNATURE	-81	(200.	TITLE (SPECIFY)	Transport of the Control of the Cont	Altune/5/95)		
SE SE	S S S		-	1		MEDICAL EXAMINER	SIGNED		
M P P P P		EXAMINETS NAME JO	hn S. Roger	rs /	ADDRESS Silv	er Spring, Mont	gomery Co., Md.		
TO MEDICAL EXAMI EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIREC	A A	30.BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAME OF CEMETER		23d. LOCATION	COUNTY STATE		
5 /0 BP		Cremation	6/17/81	Cedar Hill	Crematory	Suitland,	Maryland		
DHMH - I	17	14 FUNERAL DIRECTOR JOSE 5130 Wisconsin	pn Gawler's	s Sons, Inc.	250. DATE	UNP 1 7 7 1981 1 1 1 1	ALBUA S AICH TURE		
(VR A15 ME 15M 2/8		DIO WISCONSIN	Ave., IW, Was	surngton, D.C.	SONTO P	(69)	Y CONTRACTOR OF THE PARTY OF TH		

18 5 and prompetition for the first transfer of t talking the state of the state (mrochis*) - time - mrock2: Little on anerthia and inches the same and the same of the state of the s Crossition of the land and the total control of the Treatment ave., r. ministern, ... 2026

		STATE OF M			
1	FOR STATE	DEPARTMENT OF HEALTH MEDICAL EXAMINER'S C	N.	1 16	496
1.0	REGISTRAR DECEASED NAME FIRST	MIDDLE MIDDLE		REG. NO.	DAY YEAR 75 HOL
	TYPE OR PRINT) FMF 1 1	NF F WO!		F ESTI-	11 1981 167
3. 9			IDER 1 YR. IF UNDER 24 HRS. 2c. D	ATE MONTH	DAY YEAR 2d. HOU
	FEMALE CAUCASIAN	NOV 27, 1893 87 YRS.	HS DAYS HOURS MIN PRON	OUNCED JONE.	1 1987 100
7a.		CITIZEN OF WHAT COUNTRY?	ED NEVER MARRIED 7. BAI	TIMORE CITY OR COUNTY	
	MASSACHUSETTS	U.S.A. WIDOW	ED X DIVORCED 1	10NIGOME	RY MI
10.	CITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME, OR OTH	ER INSTITUTION 120. USUAL OF	CCUPATION (TYPE OF WORK 1) WORKING LIFE) EWIFE	26. KIND OF BUSINESS OR INDUSTRY
ÜŜ	DCIIICS PI	ER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	Hous	EWIFE	
13a.	STATE 136. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? 13e. STREET AC	DRESS WEST H	ITGHWAV
	ARYLAND MONTGOM FATHER'S NAME	ERY BETTLESVA	15. MOTHER'S MAIDEN NAME		TOHWITT
	TERRENCE	SWEENEY	FIRST ANNA	MCNAMA	RA LAST
160	. WAS DECEASED EVER IN U.S. ARMED F (YES. NO, OR UNKNOWN) (IF YES, GIVE WAR O	FORCES? 16b. SOCIAL SECURITY NO.	17. INFORMANDAUGHTER	ADDRES\$4607 D	VAVIDSON DR.
	NO	020-07-1937	RUTH HILDEBRAND	CHEVY	CHASE, MD.
Г	18 CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY:	cause per line far (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	8 111 M IMMEDIATE CA	MOSE (0)	matoma-		
1	Canditians, if any, which	DUETO, OR AS A CONSEQUENCE OF	L. 11 -		
	gave rise to immediate cause (a) stating the under-	(b) DUE TO, OR AS A CONSEQUENCE OF	11-		
	lying cause last.	Trauma = Pedes	trin Auto Acc	dent.	E ISSE W
		IBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1 (a).		
CERTIFICATION	IA DATE OF ORESTATION				7.7.9 (5.4)
FICA	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION W.	AS PERFORMED?		20. AUTOPSY?
Eas	21a EXTERNAL CAUSE WAS	21b. TIME OF INJURY 21c. HC	OW INJURY OCCURRED (ENTER NATURE)	OF INJURY IN ITEM 18 PART L OR PART	YES NO X
ALC	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR ALM. MONTH DAY YEAR	truck by rest &	0. 0	n - C+ - T
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (ATHOME, 211. LOC	CATION	L16281	ng sirew
A	AT WORK AT WORK	STREET, FACTORY, FARM, ETC.)	Celin + Old George	Town Red. 130 1	hoe i Mart. N
1		the remains described above, held an Autaps		uiry and in my apin	nian
	death resulted fram: Natural ca		, Hamicide . Undetermine		
	D D	2 12 22	TITLE (SPECIFY)		7
1	ACTUAL SIGNATURE	1 - Jack M	Depoty MEDICALE	XAMINER SIGNED	Ken 12,1981
	EXAMINER'S NAME	HN G. BALL	ADDRESS BETHESDA, MA	RYLAND	
730					
	BURTAL (SPECIFY) BURTAL 6	/15/81 MT. CALVARY	R CREMATORY 236 LOCATIC CITY OR TOW EAST	WOBURN	MASS.
24.	FUNEBAL DIRECTOR	. COLLINS	25a. DATE REC'D. BY REGIS		
	500 UNITU RIVO		0901 JUN 1 5 198	propery	Creaty

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